



THE  
HEALTH  
OF  
NORTHAMPTON  
1965



*ANNUAL REPORT of Medical Officer of Health,  
Principal School Medical Officer, and  
Welfare Administrator*






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# HEALTH AND WELFARE DEPARTMENT

MATERNITY AND CHILD WELFARE	CONTROL OF INFECTIOUS DISEASE	MENTAL HEALTH	PREVENTION, CARE & AFTER-CARE, ETC.	ENVIRONMENTAL HEALTH	WELFARE SERVICES	SCHOOL HEALTH
(Dr. Williams)	(Dr. Holloway)	(Dr. Martin)		(Mr. Robinson)	(Miss Harrison)	(Dr. Holloway)
Ante-natal and child welfare clinics	Notification of infectious diseases	Community care	Health education	<i>Housing</i>	Services for elderly	Routine medical and
Mother & baby homes	Investigation of notified cases	Mental welfare officers	Loan of nursing equipment	Clearance areas and unfit houses	and physically handicapped	dental inspections
Domiciliary midwives	Surveillance of persons coming from areas	Junior Training Centre	Chiropody	Improvement areas	Residential	handicapped pupils
Health visitors	where certain infectious diseases	Adult Training Centre	Convalescent holidays	Repairs & overcrowding	accommodation	Special education
Home nurses	are endemic	Hostel	Home helps	Multiple occupation	Social centres	Vaccination and
Vaccination, immunisation	Surveillance of contacts of cases	Social clubs	Screening techniques	<i>Food and Drugs</i>	Holidays and outings	immunisation
Registration of nurseries and child minders	of certain infectious diseases	Special care of severely handicapped children		Slaughterhouses	Meals-on-wheels	Health education
Registration of nursing homes	occurring in other areas	Play therapy groups		Meat & food inspection	Sheltered employment	Special clinics:—
	Vaccination and immunisation			Hygiene of food premises	Home visits by welfare officers	dental
	Investigation and control of food poisoning			Sampling of food, drugs and water	Registration of homes for elderly	orthopaedic
	Health education			Milk & dairies	Services for blind	ophthalmic
				Ice cream premises	Temporary	audiology
				Food poisoning	accommodation	speech
				<i>Public Health</i>	protection of property	child guidance
				Drainage	Receiverships	Medical examination of:—
				Disinfection and infectious diseases	Burials	Teachers
				Rodent & pest control		Training college
				<i>General</i>		candidates
				Health education		Boarded-out children
				Offices & shops		Children for employment
				Factories & workplaces		
				Pet Shops & animal boarding establishments		
				Noise abatement		



## INTRODUCTION

In Annual Reports statistics relate to the calendar year covered by the Report and rates, like the birth-rate and death-rate, are calculated from the Registrar General's estimated mid-year population for the year. On 1st April the population of Northampton was increased from 108,200 to 121,000 by extension of the Borough boundary under the Northampton Order, 1964. In order to avoid two sets of statistics dealing with the two different populations, the statistics in this Report have been calculated on the basis that the events measured have been taken from the "old" area for the first quarter and from the "expanded" town for the last three quarters. The population used for calculating rates is:—

$$\frac{108,200 + (3 \times 121,000)}{4} = 117,800, \text{ and}$$

for events at a specific date, e.g., 31st December, the Registrar General's estimated mid-year population in June, 1965, viz. 121,410 has been used. These calculations are in accordance with the Registrar General's Report on the Population, 1963. The writer must be excused, however, if the critical reader detects any discrepancies in the different sets of tables contained in the Report.

The health of the town as judged by the principal vital statistics shows a continued improvement. The birth-rate in Northampton was 19.7 per thousand, the highest since 1947. The infant mortality rate was 12.0 and the neonatal mortality rate 9.5 per thousand live births. The infant mortality rate was 6.2 below the rate for 1964 and was the lowest on record. The neonatal mortality rate was the lowest ever recorded in Northampton and was 3.5 below the rate for England and Wales. The stillbirth rate, however, rose to 16.5 from 12.7 in 1964. A careful analysis of perinatal mortality is included in the body of the Report. The setting up of a special Sub-Committee of the local Maternity Liaison Committee for regular discussion of perinatal mortality in the area is warmly welcomed.

Of the 2,363 total births, 1,927 (81.5%) and all of the 39 stillbirths, took place in hospital. Of 99 premature babies born in hospital, 11 died, and 19 premature babies born at home were subsequently transferred to the premature baby unit in hospital. All the 23 premature stillbirths took place in hospital. Two maternal deaths were registered, both occurred in hospital.

The death-rate during 1965 was 12.2 per thousand and is the lowest since 1957. The commonest causes of death were the so-called "diseases of civilisation"—arteriosclerotic and degenerative heart disease (472), vascular lesions affecting the central nervous system (245), malignant neoplasms (261) and bronchitis (71). Deaths attributable to cancer of the lung numbered 63, four more than 1964. This represents one of the many challenges facing the Health Department in the field of health education and it is increasingly obvious that people do not want advice, particularly when it involves themselves in some personal effort or alteration of habits from which they derive some satisfaction, even if obviously beneficial to their health and expectation of life. Recent research suggests that the temperature of combustion of tobacco in manufactured cigarettes (840°C.) is a level at which hydrocarbons become converted to anthracene, pyrene and compounds similar to the carcinogens, benzpyrene and benzanthracene,



whereas in loosely rolled cigarettes the temperature of combustion may fall to 600°C., a temperature which should be relatively safe as regards producing carcinogens significant in the production of cancer of the lung. It would seem appropriate that some of the £1,000 million spent annually on smoking might be directed to research into various aspects of prevention, with the aim of removing some of the major health risks associated with smoking, since no-one can hope for a universal change in the habits of a lifetime, particularly where these give some satisfaction and enjoyment to the individual.

In the field of vaccination and immunisation the very considerable increase in the number of children receiving primary courses against poliomyelitis from 1,345 to 2,855 and of schoolchildren protected against diphtheria from 560 to 1,292 deserves comment and is probably related to the introduction during the year of a personal letter to the parents of all new-born children and a system of comprehensive consent for five-year-old school entrants.

#### *Capital Building Programme*

The new Adult Training Centre at Cliftonville—an ultra-modern Centre with emphasis on industrialised work within the capacity of the trainees, was completed during the year. The Social Centre for the Physically Handicapped commenced in June, 1964, should be ready for use early next year. Similarly, the extension to “Lal-gates” Old Persons’ Home was also nearing completion at the end of the year.

Two of the five projects included in the Capital Building Programme for 1965/66, viz. the first Multi-Purpose Clinic and a Home for the More Infirm Elderly, were postponed following the Ministry of Health Circular 20/65. The remaining four projects—a purpose-built hostel for the mentally disordered; the conversion of “St. Lucia” for the Child Guidance Clinic and the kitchen premises for the Women’s Voluntary Service for meals-on-wheels; the conversion of Whiston Road Home to a Special Care Unit; and the improvement of accommodation for the Superintendent of “Barnfield” Old Persons’ Home, were all commenced during the year.

The revised Capital Programme for 1966/67 includes, in addition to the two projects postponed from the previous year, a further residential Home for the elderly, a second Multi-Purpose Clinic, a new Junior Training Centre and a bungalow for the Superintendent of “Hillcrest” Old Persons’ Home.

#### *Health Visiting*

The continuing shortage of health visitors was offset to some extent by the continued employment of school and clinic nurses, who undertake some of the more routine tasks not requiring the special skills of the health visitor. In these circumstances one is tempted to depend upon the policy of restricting health visitors to the visitation of families and individuals “at risk.” This, although expedient, nullifies one of the great opportunities normally available to health visitors of visiting normal households and families and of detecting early departures from normal, should these occur. A course for health visitors in the early detection of hearing loss was kindly undertaken by Professor Ian Taylor towards the end of the year and now all health visitors have received this important training. The subject of allocation of health visitors to general medical practitioners received approval by the Health Committee and Local Medical Committee towards the end of the year and it is hoped that a beginning will be made to this desirable development in the New Year.

#### *Multi-Purpose Clinics*

These are Centres where the various professional members of the Council’s health

and welfare staff can work together in close liaison with general practitioners and other social workers. The intention is to establish these Centres in strategic positions in the town to serve populations of 20,000 to 30,000. Four clinics (at Kingsthorpe, Kingsley, Abington and St. James') are proposed for the existing town within the next four years.

Each Centre will provide comprehensive health and welfare services for the area, viz.:—

- (i) full maternity and child welfare services, including assessment centres, with particular emphasis on emotional and social development and early detection of disease or abnormality in young children, and vaccination and immunisation;
- (ii) ante-natal and post-natal clinics for expectant and nursing mothers;
- (iii) district nurses' day-room;
- (iv) health education;
- (v) school health services, including dental clinics and special audiology and ophthalmic clinics for pre-school and school children;
- (vi) chiropody for the elderly and physically handicapped;
- (vii) social and luncheon clubs for the elderly in the area;
- (viii) preventive geriatric care and advice in association with the family doctor and consultant geriatrician;
- (ix) health screening techniques, e.g. cervical cytology;
- (x) main or branch surgery accommodation if required by practitioners;
- (xi) a meeting place for social workers of all disciplines working in the area.

These Centres will play an important role in providing supportive services for family doctors and the proposed services will enable a truly comprehensive family guidance and health service to be provided, in which family doctors would be enabled to play their part as leaders of the various domiciliary teams.

The Clinics will be staffed by school medical officers, school dentists, health visitors, school nurses, midwives, home nurses, chiropodists and also be a base for health visitors, district nurses, domiciliary midwives and various social workers in the area, who will thus be more readily available to family doctors practising in the area concerned and in many cases actually attached to their practices. Practitioners will be encouraged to undertake Part III. services for their own patients in the Centres, assisted by nursing and clerical staff. Whilst all these services will not be immediately available, they indicate the scope of the services envisaged.

#### *Mental Health Service*

Discussions commenced during the year with representatives of St. Crispin Hospital and the Northampton County Health Department with regard to the possibility of the mental health staff from the County Borough being more closely associated with the Hospital and of their participation in the existing Joint Social Worker Scheme between the County and St. Crispin Hospital. The opening of Cliftonville Training Centre in September provided much-needed accommodation for adult trainees who had been for too long in inadequate premises with the juniors. It is interesting that with increased availability of places, the number of adults attending increased from 31 to 58 and the juniors from 27 to 46. The completion of the Special Care Unit is eagerly awaited.

#### *Domiciliary Services*

During the year the Council agreed to increase the scope of the chiropody service

to include handicapped persons and to waive the restriction of four treatments per patient per year. The Council also approved an expansion of Home Help Service at twice its previous rate in order to cater more satisfactorily for the increasing demands from the elderly and chronic sick in the town. The subject of cervical cytology was considered by the Health Committee early in January and during the year Ministry approval was received for the introduction of such a service. Unfortunately, a shortage of trained technical staff at the hospital precluded the introduction of this service before the end of the year.

#### *Welfare*

Considerable expansion of the welfare services has occurred during the year. Additional staff include one Social Welfare Officer and a Family Case Worker. The extension to "Lalgates," which will increase the present accommodation from 11 to 55 places, is due to open early in 1966, and the Social Centre for the Handicapped was also nearing completion at the end of the year. Following a visit by members of the Welfare Services and Housing Committees to Colsterworth to view warden-supervised accommodation for the elderly, the Health and Housing Committees have agreed to the inclusion of warden-supervised accommodation either in small blocks of flats or bungalows in each new housing estate. Owing to the acute shortage of available land for capital projects in the Borough, the Health Committee is indebted to the Housing Committee for its interest and co-operation in allocating sites in new housing estates for Old Persons' Homes and warden-supervised accommodation.

#### *Environmental Health*

This section of the Department has increased its "productivity" during the year more than any other and the environmental health report makes interesting reading. Shortage of Public Health Inspectors has been offset to some extent by the appointment of two Authorised Meat Inspectors and one Offices and Shops Inspector. This has enabled Public Health Inspectors to cope with the ambitious slum clearance programme, the review of possible improvement areas and to come to grips with the previously neglected task of supervising food establishments in the town.

The contentious subject of fluoridation was again considered by the Authority during the year and for the second time was approved by the Health Committee only to be rejected by the Council. Whilst the majority appeared to accept the medical and scientific facts relating to fluoridation, to many the overriding argument against it was an ethical one. It would be true to say, however, "that many Local Authorities were confused by statements from a small vocal element in the community."

#### *Borough Extension*

The extension of the Borough boundary on 1st April under the Northampton Order, 1964, was accomplished without undue difficulty and I would like to express my gratitude to my colleagues in the County for their help and co-operation with this time-consuming task. One real difficulty, however, has been the provision in some of the added areas of adequate clinic facilities and in New Duston this had not been satisfactorily resolved by the end of the year.

#### *Town Expansion*

The South East Study envisages the possibility of some 70,000 people from the greater London area being decanted to Northampton, Ipswich and Peterborough respectively. With the appointment of a team of consultants jointly by the Ministry of Housing and Local Government and the Northampton Borough Council, numerous



discussions took place during the year and the setting up of a Town Expansion Committee by the Council is indicative of the importance of the project. It is hoped that the master plan will be presented to the Council in June next when, presumably, a decision will be made whether to proceed or not. In the past, new towns and town expansions, with too few exceptions, appear to have occurred without due regard being paid to the necessity of bringing the health services (local authority, Executive Council and hospital) fully into the picture. Northampton is expanding rapidly and with town expansion this will be greatly accentuated. The health and welfare services must be developed to keep abreast if not ahead of these, since in a changing community it is essential to deploy and develop one's resources to best advantage if the needs of the newcomers are to be met.

#### *Liaison with Voluntary Organisations*

The Department has been represented in five separate enterprises in the field of voluntary endeavour during the year.

Firstly, the Bishop of Peterborough initiated a series of discussions amongst senior representatives of the local statutory and voluntary bodies in Northampton, Rutland and Huntingdon, under the Chairmanship of the Archdeacon of Northampton, on the subject of Education in Personal Relationships. These discussions culminated in a conference held in November addressed by Dr. Derek Miller of the Tavistock Institute, which set up an organisation, "The Three Counties Standing Conference on Education for Personal Relationships," which will act as a co-ordinating and advisory body between those engaged in this important work and will also provide under the auspices of the Tavistock Institute and the University of Leicester, appropriate training courses.

The Northampton Council of Social Service and Old People's Voluntary Welfare Committee held an inaugural meeting for representatives from interested bodies to discuss the establishment of a comprehensive visiting service for the elderly. A Working Party was set up on which the Department was represented to consider what was already being done and to make recommendations with regard to co-ordination, recruitment, training, etc. It is hoped that the Working Party will report back to the parent meeting early next year. Meanwhile, a sustained visiting service for the elderly had already made considerable progress before the end of the year.

The third project was under the auspices of the Northampton Council of Churches and, again, a Working Party on which the Department was represented was formed to discuss the existing "Good Neighbour" schemes in the town, the desirability of extending such schemes and to make recommendations to the Council in due course. Preliminary discussions had been commenced by the end of the year.

Fourthly, the Northampton Council of Social Service, in association with the Workers Educational Association, held a meeting of interested bodies in November which agreed to set up a "Consultative Committee on Race Relations" which would be a comprehensive organisation representing all social interests, to advance the integration of all Commonwealth and national groups in the town. A further Working Party was set up on which the Department was represented to consider the subject and report back.

Finally, the formation of a local Association for Mental Health was of considerable significance. This organisation held a most successful one-day conference on the prevention of mental illness and introduced a weekly Psychiatric Social Club held in the Department's clinic premises, which filled a long-felt need.

Special reports on vaccination and immunisation, the home help service, the health visiting service, cervical cytology, fluoridation, housing needs of the elderly, care of neglected elderly persons and chiropody were submitted to the Health Committee during the year.

A further aspect of the work of the Department is in the field of health education. A series of 15 lectures and film discussions on "Early Emotional Development and Human Behaviour" for professional members of the staff were greatly appreciated and served to bring together the different medico-social and social workers in the Health and Welfare Departments, both in the County and Borough, in addition to providing "in-service" training. Courses for the Public Health Inspectors' meat certificate were held in the Northampton College of Technology. Certificate and non-certificate courses in food hygiene were held in the Department and in the College. Lectures for voluntary workers were also held in the College and staff gave informal talks to many organisations during the year. A series of twelve lectures on the work of the modern Health Department were given under the auspices of the Workers Educational Association. These represent a not inconsiderable amount of time and effort by the staff of the Department and demonstrate that the activities of the Department are in no way restricted to routine matters or hours and that it accepts a wider concept of responsibility for the health of the community than the normal routine work of the Department.

This has proved to be a particularly busy year for the Department and despite staff shortages continued expansion and improvement of services has taken place and I would wish to express my sincere appreciation to all members of the staff for their loyal service, and to those many individuals who have co-operated so generously with the Department during the year.

Finally, I would wish to record my thanks to the Chairman and members of the Health Committee for their support and encouragement in the development of health and welfare services befitting a progressive County Borough.

WILLIAM EDGAR,  
*Medical Officer of Health.*

Health Department,  
Guildhall,  
Northampton.  
May, 1966.

Telephone: Northampton 34881.

## HEALTH COMMITTEE

(as constituted on 31st December, 1965)

---

*Ex-officio*

The Worshipful the Mayor  
(ALDERMAN D. WILSON, J.P.)

*Chairman*

COUNCILLOR T. H. DOCKRELL, M.B., F.R.C.S.I.

*Deputy-Chairman*

ALDERMAN G. J. HACKETT

*Alderman*

MRS. K. M. GIBBS

*Councillors*

M. O. ALDRIDGE

M. J. B. AMEY

MRS. G. BROWN

M. C. S. DESBOROUGH

MISS M. FINCH

R. W. HARRIS

MRS. J. C. J. KNIGHT, M.B.E

J. T. LEWIS

J. S. PICKERING

### SUB-COMMITTEES OF THE HEALTH COMMITTEE

#### Health Services

COUNCILLOR MRS. KNIGHT (*Chairman*); ALDERMAN HACKETT (*Deputy-Chairman*);  
COUNCILLORS AMEY, DESBOROUGH, DOCKRELL and PICKERING.

*Non-Council Members*—MESDAMES E. DAVIES, C. E. GIBSON, and C. I. PEACH,  
and DR. H. DE LA HAYE DAVIES.

#### Welfare Services

COUNCILLOR ALDRIDGE (*Chairman*); ALDERMAN MRS GIBBS (*Deputy-Chairman*);  
ALDERMAN HACKETT; COUNCILLORS MRS. BROWN, MISS FINCH, and LEWIS.

*Non-Council Members*—MESDAMES K. GORDON, I. T. B. NICHOLS, and C. I. PEACH.

*Each of the above Committees meets monthly.*

## STAFF OF HEALTH DEPARTMENT, 1965

---

*Medical Officer of Health, Principal School Medical Officer, and Welfare Administrator—*

X WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer—*

JOHN J. HOLLOWAY, M.B., B.CH., L.M., D.P.H.

*Senior Assistant Medical Officer—*

MRS. M. MARTIN WILLIAMS, M.B., CH.B.

*Assistant Medical Officers of Health and School Medical Officers—*

MARGARET O'CONNOR, L.R.C.P., L.R.C.S.

EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.

JAMES W. BOTTOMS, M.B., B.S., M.R.C.S., L.R.C.P.

RONALD H. MARTIN, M.A., B.M., B.CH., M.R.C.S., L.R.C.P.

*Public Analyst\*—*

H. C. MACFARLANE, A.R.T.C.S., F.R.I.C.

*Dental Surgeon†—*

P. W. J. L. THOMPSON, L.D.S., R.C.S. Eng. (*Principal School Dental Officer*)

*Dental Officer†—*

MRS. L. A. B. ELLIOTT, L.D.S., R.C.S.

*Public Health Inspectors—*

A. ROBINSON (1, 2, 8) (*Chief Inspector*)

G. HARRISON (1, 2, 8) (*Deputy Chief Inspector*)

2 AUTHORISED MEAT INSPECTORS

5 DISTRICT INSPECTORS

1 ASSISTANT HOUSING INSPECTOR

1 OFFICES, SHOPS AND RAILWAY PREMISES INSPECTOR

3 STUDENT INSPECTORS

1 DISINFESTATION OFFICER

1 GENERAL MANUAL ASSISTANT AND MOTOR DRIVER

2 RODENT OPERATIVES

*Health Visitors‡—*

MISS E. M. LEAHY (3, 4, 5, 9) (*Superintendent*)

10 HEALTH VISITORS (including 2 part time)

2 STUDENT HEALTH VISITORS

*School and Clinic Nurses—*

7 NURSES



*Organiser of Domestic Help—*

MRS. M. E. SMITH

*Senior Mental Welfare Officers—*

R. H. JOHNSON (6, 10)

MRS. K. M. WARD (6, 10)

1 MENTAL WELFARE OFFICER

*Cliftonville Training Centre—*

MR. A. W. KEMPTON (*Supervisor and Manager*)

MRS. R. E. SHAW (11) (*Assistant Supervisor and Deputy Manager*)

4 INSTRUCTORS

*Junior Training Centre—*

MRS. J. P. LUCK (*Supervisor*)

4 ASSISTANT SUPERVISORS

*Welfare Officer—*

MISS V. M. HARRISON (7, 10)

5 SOCIAL WELFARE OFFICERS

1 FAMILY CASEWORKER

1 WELFARE ASSISTANT

*Superintendent, Kings Heath Home of Rest—*

M. MULLIGAN

*Superintendent, "The Priory"—*

MRS. P. WILLIAMS

*Superintendent, "Barnfield"—*

MRS. M. J. EVANS

*Superintendent, "Nicholls House"—*

MRS. S. CRIST

*Superintendent, Whiston Road Home—*

MISS E. STAVELEY

*Superintendent, "Hillcrest"—*

W. W. WYMAN

*Matron, "Hillcrest"—*

MRS. D. M. WYMAN

Superintendent, "Lalgates"—

MISS K. M. SAVAGE

Clerks—

H. T. BOSWELL (*Administrative Assistant*)

L. W. GARNER (*Senior Clerk*)

12 CLERKS

2 WELFARE FOOD ASSISTANTS

---

The following Officers on the staff of the Oxford Regional Hospital Board rendered part-time service to Northampton County Borough Council:—

ERNEST T. W. STARKIE, M.A., M.B., B.CH., M.R.C.S., L.R.C.P. (*Consultant Chest Physician*)

JAMES M. H. McMURRAY, M.R.C.S., L.R.C.P. (*Chest Physician*)

MISS H. S. REDDISH (*Social Worker*)

---

\*Part-time appointment.

†Mainly for School Dental work; part time devoted to Maternity and Child Welfare work.

‡Health Visitors also undertake school work and tuberculosis visiting under a co-ordinated scheme.

- 1 Public Health Inspector's Certificate.
- 2 Meat and Food Inspector's Certificate.
- 3 State Registered Nurse.
- 4 State Certificated Midwife.
- 5 Health Visitor's Certificate.
- 6 Trained in Mental Deficiency and Lunacy.
- 7 Home Teacher's Certificate of College of Teachers of the Blind.
- 8 Smoke Inspector's Certificate.
- 9 Diploma in Sociology.
- 10 Awarded Declaration of Recognition of Experience by Council for Training in Social Work.
- 11 Diploma of National Association for Mental Health.

# STATISTICS & SOCIAL CONDITIONS

TABLE I  
VITAL STATISTICS DURING 1965 AND PREVIOUS YEARS

Year	ESTIMATED Total Population to Middle of each Year	Live Births			Total Deaths registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Uncor- rected Number	Net		Number	Rate	Non- resi- dents regis- tered in the District	Resi- dents not regis- tered in the District	Under One Year		At all Ages	
			Number	Rate					Number	Rate per 1,000 live Births	Number	Rate
1901	87096	2345	2345	26.9	1269	14.6	62	9	334	142.4	1216	14.0
1911	90152	1930	1931	21.4	1240	13.8	86	46	250	129.5	1200	13.3
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1931	92970	1307	1233	13.3	1243	13.4	205	53	87	70.6	1091	11.8
1941	108930	2101	1282	11.8	1776	16.3	450	69	91	52.9	1395	12.8
1946	102760	2847	2111	20.5	1571	15.3	399	59	97	45.9	1231	12.0
1947	104480	3000	2283	21.9	1606	15.4	363	43	76	33.3	1286	12.3
1948	104380	2518	1825	17.5	1543	14.8	401	54	68	37.3	1196	11.5
1949	104300	2377	1646	15.8	1581	15.2	414	92	49	29.8	1259	12.1
1950	105490	2497	1502	14.2	1547	14.7	397	113	28	18.6	1263	12.0
1951	103700	2510	1514	14.6	1668	16.1	391	137	45	29.7	1414	13.6
1952	103700	2583	1467	14.1	1489	14.4	358	91	32	21.8	1222	11.8
1953	104000	2592	1506	14.5	1650	15.9	346	36	35	23.2	1340	12.9
1954	103700	2536	1386	13.4	1566	15.1	376	48	28	20.2	1238	11.9
1955	102800	2472	1353	13.2	1570	15.3	390	56	24	17.7	1236	12.0
1956	101800	2612	1409	13.8	1640	16.1	411	60	34	24.1	1289	12.7
1957	101000	2736	1514	15.0	1581	15.7	408	48	25	16.5	1221	12.1
1958	100700	2864	1573	15.6	1625	16.1	416	118	30	19.1	1327	13.2
1959	100300	2959	1625	16.2	1635	16.3	403	115	38	23.4	1347	13.4
1960	101180	3256	1686	16.7	1606	15.9	431	124	34	20.2	1299	12.8
1961	104320	3469	1797	17.2	1795	17.2	444	121	48	26.7	1372	13.2
1962	104910	3608	1945	18.5	1697	16.2	462	115	30	15.4	1350	12.9
1963	105420	3800	2004	19.0	1758	16.7	464	112	34	17.0	1406	13.3
1964	106120	4137	2020	19.0	1708	16.1	504	93	38	18.8	1311	12.4
1965	121410	4416	2324	19.7	1846	15.6	419	108	28	12.0	1433	12.2

This Table is arranged to shew the gross births and deaths in Northampton County Borough and the births and deaths properly belonging to the town, with the corresponding rates.

Non-civilian deaths are excluded during the years 1939 to 1949.

*Summary of Statistics*

Position .....	Latitude .. 52° 14' North ; Longitude .. 0° 54' West
Highest point above sea level is Kettering Road on the County Borough Boundary .....	400 feet
Lowest point above sea level is lower part of Bridge Street.....	193 feet
Elevation of Guildhall above mean sea level.....	252 feet
Area .....	10,287 acres (16.1 square miles)

## Population:—

Census 1961 .....	105,421
Registrar-General's Estimated Home Population (all ages) as at 30th June, 1965, including members of Armed Forces stationed in area .....	121,410

## Number of Separate Dwellings Occupied:—

Census 1961 .....	35,045
According to Rate Books (31st December, 1965) .....	40,571
Number of unoccupied dwellings (inhabitable) .....	425
Number of Private Households (Census 1961) .....	35,501
Rateable Value (31st December, 1965) .....	£5,334,580
Penny Rate product 1965/66 .....	£21,487

## Net Revenue Expenditure for year ended 31st March, 1965:—

Public Health .....	£28,590
Local Health Authority .....	£139,439
Welfare .....	£69,950
	<hr/>
	£237,979
	<hr/>

*Principal Vital Statistics—1965*

		MALES	FEMALES	TOTALS
Live Births	Legitimate .....	1,091	1,041	2,132
	Illegitimate .....	92	100	192
	Totals .....	1,183	1,141	2,324
Live Birth-rate per 1,000 Population .....				19.7
Adjusted Birth-rate (Area Comparability Factor 1.02) .....				20.1
Illegitimate Live Births per cent of Total Live Births .....				8.3

		MALES	FEMALES	TOTALS
Stillbirths	Legitimate .....	18	18	36
	Illegitimate .....	1	2	3
	Totals .....	19	20	39
Stillbirth-rate per 1,000 Live and Stillbirths .....				16.5
Total Live and Stillbirths .....				2,363

	MALES	FEMALES	TOTALS
Deaths .....	722	711	1,433
Death-rate per 1,000 Population .....			12.2
Adjusted Death-rate (Area Comparability Factor 0.88) .....			10.7
Infant Deaths (under One Year of Age) .....			28
Infant Mortality-rate per 1,000 Live Births—Total (28 deaths) ..			12.0
Infant Mortality-rate per 1,000 Live Births—Legitimate (23 deaths) ....			9.9
Infant Mortality-rate per 1,000 Live Births—Illegitimate (5 deaths) ....			2.1
Neonatal Mortality-rate (first Four Weeks) per 1,000 Live Births (22 deaths)			9.5
Early Neonatal Mortality-rate (first week) per 1,000 Live Births (17 deaths)			7.3
Perinatal Mortality-rate (stillbirths and deaths under one week combined) per 1,000 Live and Stillbirths .....			23.7
Maternal Deaths (including Abortion) .....			2
Maternal Mortality-rate per 1,000 Live and Stillbirths .....			0.84
Cancer Deaths .....			261
Cancer Mortality-rate per 1,000 population .....			2.2

*Population.* (Table 1, page 16). The Registrar-General estimated the home population at all ages of Northampton County Borough as at 30th June, 1965, to be 121,410. See comments in Introduction.

The natural increase of the population, *i.e.* the surplus of registered live births over deaths, was 891, or 7.56 per thousand living.

Table 1 gives the population figures from 1901 onwards.

*Births*

2,324 live births (1,183 males, 1,141 females) were registered, giving a birth-rate of 19.7 per thousand of the estimated civilian population, compared with 18.4 for England and Wales.

Table 2 gives the birth-rates for the last decennium compared with those for England and Wales.

TABLE 2  
LIVE BIRTH-RATES IN EACH YEAR OF THE DECENNium

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales ..	15.7	16.1	16.4	16.5	17.1	17.4	18.0	18.2	18.4	18.0
Northampton.....	13.8	15.0	15.6	16.2	16.7	17.2	18.5	19.0	19.0	19.7

The adjusted birth-rate for Northampton County Borough (calculated by multiplying the crude rate by the Registrar-General's area comparability factor of 1.02) was 20.1.

192 (9.4 per cent) of the live births were illegitimate. The percentages for the last ten years are shewn in Table 3.

TABLE 3  
ILLEGITIMATE LIVE BIRTHS EXPRESSED AS A PERCENTAGE OF TOTAL LIVE BIRTHS

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales ..	4.6	4.6	4.9	5.1	5.4	5.9	6.6	6.9	7.2	*
Northampton.....	6.1	6.4	7.1	6.9	7.2	6.2	8.7	9.7	9.4	8.3

\* Not yet available.

*Deaths*

1,433 deaths (722 males, 711 females) were registered, equal to a death-rate of 12.2, compared with 11.5 for England and Wales. Table 4 gives the local and national death-rates for the last ten years.

TABLE 4  
DEATH-RATES IN EACH YEAR OF THE DECENNium

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales ..	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2	11.3	11.5
Northampton.....	12.7	12.1	13.2	13.4	12.8	13.2	12.9	13.3	12.4	12.2



1,049 (73·2 per cent) of the deaths related to elderly persons aged sixty-five years and upwards.

The adjusted death-rate for Northampton County Borough (calculated by multiplying the crude rate by the area comparability factor of 0·88) was 10·7.

Table 5 gives the causes of death in age-periods, compiled from information supplied by the Registrar-General.

#### *State of Employment*

The overall employment position remained good throughout the year with most industries fully occupied. A slight slackening in activity in the construction industry was experienced during the latter part of the year due mainly to financial restrictions and this caused a damping down in the demand for labour and a slight rise in the numbers of unemployed.

Nevertheless, the general demand for labour remained strong and the level of unemployment low. The scarcity of female labour remained as acute as ever with the most serious shortages occurring in the engineering and electronics industries. A shortage of skilled men in the engineering industry also persisted,

Apart from the slight rise in the numbers of unemployed at the end of the year the underlying trend for the whole year was downward and excluding 1964 the December figure of 345 men and 51 women was the lowest since 1961.

The percentage rate of unemployment at the end of 1965 was 0·6 and compared very favourably with the national percentage of 1·4 at that date.



NETT DEATHS AT THE SUBJOINED AGES (IN YEARS) OF "RESIDENTS"  
WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT

CAUSES OF DEATH	ALL AGES													
	Total	M.	F.	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-	
1. Tuberculosis, respiratory .....	3	2	1	—	—	—	—	—	—	—	—	2	1	
2. Tuberculosis, other .....	2	1	1	—	—	—	—	—	—	1	—	1	—	
3. Syphilitic disease .....	3	3	—	—	—	—	—	—	—	—	—	3	—	
4. Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping cough .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infections .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute poliomyelitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other infective and parasitic diseases .....	4	2	2	—	—	—	—	—	—	2	2	—	—	
10. Malignant neoplasm, stomach .....	24	16	8	—	—	—	—	—	1	7	26	14	7	
11. Malignant neoplasm, lung, bronchus .....	63	56	7	—	—	—	—	1	1	6	21	21	7	
12. Malignant neoplasm, breast .....	31	—	31	—	—	—	—	—	2	2	11	11	6	
13. Malignant neoplasm, uterus .....	9	—	9	—	—	—	—	—	1	2	1	2	3	
14. Other malignant and lymphatic neoplasms .....	134	69	65	—	2	—	2	—	4	13	23	37	53	
15. Leukæmia, aleukæmia .....	14	7	7	—	1	—	—	1	2	3	3	4	—	
16. Diabetes .....	11	5	6	—	—	—	—	—	—	—	1	4	6	
17. Vascular lesions of nervous system .....	245	102	143	—	—	—	—	1	2	8	22	69	143	
18. Coronary disease, angina .....	280	148	132	—	—	—	—	—	6	18	45	95	116	
19. Hypertension with heart disease .....	28	15	13	—	—	—	—	1	—	1	6	8	12	
20. Other heart disease .....	164	69	95	—	—	—	—	—	1	7	12	28	116	
21. Other circulatory disease .....	69	32	37	—	—	—	—	1	1	4	10	19	34	
22. Influenza .....	—	—	—	—	—	—	—	—	—	—	—	—	—	
23. Pneumonia .....	58	26	32	4	—	—	—	—	—	—	3	11	40	
24. Bronchitis .....	71	52	19	—	—	—	—	1	1	1	13	20	35	
25. Other diseases of respiratory system .....	13	10	3	—	—	—	—	—	1	—	2	4	6	
26. Ulcer of stomach and duodenum .....	7	5	2	—	—	—	—	—	—	—	1	3	3	
27. Gastritis, enteritis and diarrhoea .....	9	7	2	—	1	—	—	—	—	—	—	—	8	
28. Nephritis and nephrosis .....	4	3	1	—	—	—	—	—	—	—	1	1	2	
29. Hyperplasia of prostate .....	5	5	—	—	—	—	—	—	—	—	—	2	3	
30. Pregnancy, childbirth, abortion .....	2	—	2	—	—	—	—	2	—	—	—	—	—	
31. Congenital malformations .....	10	6	4	6	1	1	—	—	1	—	1	—	—	
32. Other defined and ill-defined diseases .....	111	49	62	17	1	3	1	2	4	5	16	25	37	
33. Motor vehicle accidents .....	12	6	6	—	—	1	5	—	2	1	—	—	3	
34. All other accidents .....	30	15	15	1	2	—	1	2	2	—	3	5	14	
35. Suicide .....	16	10	6	—	—	—	1	1	1	6	2	4	1	
36. Homicide and operations of war .....	1	1	—	—	—	—	—	—	—	—	—	—	—	
Totals .....	1433	722	711	28*	8	5	10	14	33	85	201	393	656	

\* 22 of these 28 infants were under four weeks of age.

The above Table was prepared from information supplied by the Registrar-General.

# INFECTIOUS & OTHER DISEASES

*John J. Holloway, M.B., B.CH., L.M., D.P.H.,  
Deputy Medical Officer of Health*

Epidemiology has been defined as the natural history of infectious diseases and the prevention and control of these diseases is an important part of the routine work of the Department. During 1965, 1,335 notifications were received and Table 7 shows the incidence of the various infections during the year. It will be noted that there were no cases of diphtheria or acute poliomyelitis nor did death occur from any infectious disease. The incidence of infectious diseases over the last decade is illustrated in Table 8. The year passed uneventfully in that the town avoided any outbreak of the more serious infectious diseases; nevertheless, the Department is aware of the dangers of complacency and strenuous efforts are maintained to keep the immunised proportion of the population at as high a level as possible. These efforts are proving fruitful as the immunisation and vaccination figures for the year reached record levels.

Public health inspectors made 27 visits and 14 re-visits in connection with cases or suspected cases of food poisoning, dysentery or typhoid fever. Today most of the field work in connection with infectious diseases is confined to those which are food-borne.

The incidence of food-borne diseases is related to the standard of personal and food hygiene practised in the community and several courses in food hygiene for food handlers were held at the College of Technology or in this Department during the year. The success of these courses was indicated by (i) continuous requests from commercial firms in the town for further courses; (ii) the constant attendance at the courses with no falling off of members towards the end; and (iii) the high rate of success amongst candidates who subsequently undertook the Royal Institute of Public Health and Hygiene Certificate Examination.

The Department authenticated 1,192 International Certificates of Vaccination during the year.

General practitioners and doctors from the Department submitted approximately 330 specimens to the Public Health Laboratory in connection with bowel infections.

The Public Health Laboratory continued to work in close liaison with the Department and thanks are expressed to its Director, Dr. Leslie Hoyle, for his helpful advice and prompt reporting.

## *Dysentery*

Cases 48      Deaths 0

This is a considerable increase from the previous year when 2 cases were notified. This disease is seldom transmitted by food, since direct or indirect personal contact is usually necessary. It is predominantly a disease of young children. Cases often go unnotified as the symptoms are sometimes mild and transient and medical advice is frequently not sought.

*Erysipelas*

Cases 9      Deaths 0

There has been a gradual fall in the incidence of this disease over the last decade. It is only one of the many infestations of streptococcal infection in the community and is caused by haemolytic streptococci which enters the skin through breaks or small abrasions.

*Food Poisoning*

Cases 5      Deaths 0

There were 5 cases notified compared with 1 in 1964. Again, cases may have gone unnotified as the symptoms may have been mild and transitory and medical advice not sought.

The danger of one form of food poisoning is illustrated in the following case:—

One Sunday morning during August, a girl, aged 16 years, purchased and subsequently ate a pork pie, collapsing approximately three-quarters-of-an-hour later. Her general practitioner found her in an extreme state of shock and admitted her immediately to hospital, where she was put on the danger list (with intensive treatment including chemotherapy; she fortunately recovered). The general practitioner concerned telephoned this Department stating the facts and also that the girl did not know the name of the shop where she purchased the pie, but remembered the name of the street. Subsequently, the Chief Public Health Inspector and Deputy Medical Officer of Health traced the shop and also the bakery where the pie was made. Conditions at the bakery were most unsatisfactory and the necessary steps were taken to remedy this unsatisfactory state.

It is probable that if the contaminated pie had been consumed by a young child or very old person the consequences might have been much more serious.

*Measles*

Cases 1,127      Deaths 0

This is a considerable increase compared with 479 cases in 1964.

*Meningococcal Infection*

Cases 2      Deaths 0

This infection is more easily spread in overcrowded conditions. It is considered that many healthy carriers exist in the community.

*Ophthalmia Neonatorum*

Cases 1      Deaths 0

Ophthalmia neonatorum is defined as a purulent condition of a baby's eye occurring before the 21st day. Modern therapeutic measures have made the condition much more amenable to treatment.

*Puerperal Pyrexia*

Cases 6      Deaths 0

This compares with 7 cases in 1964. Table 8 illustrates the great reduction in this disease over the last decade. The Puerperal Pyrexia Regulations 1951 define the condition as "any febrile condition occurring in a woman in whom a temperature of 100°F. or more has occurred within 14 days after childbirth or miscarriage."

*Scarlet Fever*

Cases 65      Deaths 0

This is a moderate increase over 1964 when 34 cases occurred. The disease is another manifestation of streptococcal infection. Its incidence has considerably decreased in recent years and this may be related to a general improvement in environmental and social circumstances. The condition is rare in babies under 12 months. The age group most commonly affected is between 4 and 6 years.

*Whooping Cough*

Cases 39      Deaths 0

This compares with 72 cases in 1964. The incidence of this disease has been gradually falling, probably due to an increasing proportion of the population being adequately immunised. Whilst vaccination against whooping cough in early childhood is not 100% effective it enables young children to withstand serious infection by acquiring a very modified form of the disease; as a result of this they have a much improved protection against a future attack. Though of undoubted benefit to the child, it can make the diagnosis of modified form of the illness less easy to detect.

*VENEREAL DISEASES*

A special Clinic for Venereal Diseases is held at Northampton General Hospital under the administrative control of the Northampton and District Hospital Management Committee.

The Clinic serves an area including Northampton County Borough, the administrative County of Northampton, and North Buckinghamshire.

The Clinic is held at the following times:—

Males:	Wednesdays 2—3 p.m.	Fridays 5—6.30 p.m.
Females	Mondays 5.15—6.30 p.m.	Fridays 2.15—3.30 p.m.

During the year the Clinic treated 212 new cases from the County Borough, including 52 persons for gonorrhoea (5 females and 47 males).

Table 6 illustrates the incidence of syphilis and gonorrhoea in the town during the last decade:—

TABLE 6  
INCIDENCE OF NEW CASES OF VENEREAL DISEASES 1956-1965

		<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other Venereal Diseases</i>
1956	..	2	..	21	..	67
1957	..	10	..	33	..	56
1958	..	6	..	38	..	73
1959	..	3	..	36	..	64
1960	..	10	..	41	..	84
1961	..	3	..	50	..	99
1962	..	10	..	49	..	107
1963	..	3	..	58	..	129
1964	..	1	..	36	..	143
1965	..	0	..	52	..	160

For the first time in ten years there were no new cases of syphilis reported but the incidence of gonorrhoea and other more specific venereal diseases is gradually rising. This generally reflects the national pattern. The control of venereal diseases depends considerably on successful contact tracing. A report of the Ministry of Health 1955 showed that prostitutes were a common reservoir of venereal infection and accordingly this is a social as well as a medical problem.



TABLE 7  
CASES OF NOTIFIABLE DISEASES DURING THE YEAR 1965

NOTIFIABLE DISEASES	NUMBER OF CASES NOTIFIED												
	ALL AGES	AGES (IN YEARS)											
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-
Dysentery .....	48	3	3	3	2	4	17	3	—	8	2	1	2
Erysipelas .....	9	—	—	—	—	—	—	—	—	1	—	3	5
Food Poisoning .....	5	—	—	—	1	—	1	—	1	2	—	—	—
Measles .....	1127	47	154	163	194	192	353	12	7	4	—	1	—
Meningococcal Infection ...	2	1	—	—	—	—	1	—	—	—	—	—	—
Ophthalmia Neonatorum ...	1	1	—	—	—	—	—	—	—	—	—	—	—
Pneumonia .....	11	1	1	—	—	—	1	—	1	1	—	1	5
Puerperal Pyrexia .....	6	—	—	—	—	—	—	—	1	4	—	—	1
Scarlet Fever .....	66	2	1	5	8	7	38	3	1	1	—	—	—
Whooping Cough .....	39	4	4	4	9	7	11	—	—	—	—	—	—
Tuberculosis :—													
Respiratory .....	18	—	—	—	—	—	—	—	2	5	3	4	4
Other Forms .....	3	—	—	—	—	—	—	—	—	1	2	—	—
TOTALS .....	1335	59	163	175	214	210	422	18	13	27	7	10	16
													1

The above figures allow for corrections in diagnosis and include non-civilian cases.  
No notifications were received of other notifiable diseases not specified in the Table above (*e.g.*, diphtheria, malaria, smallpox).

TABLE 8  
INFECTIOUS DISEASES, 1956—1965

DISEASE	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Acute Poliomyelitis (Paralytic) ... (Non-paralytic)	1	1	4	1	1	—	1	—	—	—
Anthrax .....	—	—	2	—	1	—	—	—	—	—
Diphtheria .....	—	—	—	—	—	2	1	—	—	—
Dysentery .....	53	4	5	153	191	38	25	86	2	48
Encephalitis .....	—	—	—	—	—	—	—	—	—	—
Enterica .....	—	—	—	—	—	—	—	—	—	—
Erysipelas .....	26	15	23	8	13	5	6	7	7	9
Food Poisoning .....	157	25	19	18	13	1	3	2	1	5
Measles .....	461	1,162	1,462	202	29	3,309	60	1,899	479	1,127
Meningococcal Infection .....	1	—	—	—	—	1	—	—	—	2
Ophthalmia Neonatorum .....	2	—	—	—	1	—	—	2	—	1
Paratyphoid .....	2	2	—	—	—	1	—	—	—	—
Pneumonia .....	58	40	34	69	18	37	21	13	12	11
Puerperal Pyrexia .....	106	80	94	53	54	18	29	13	7	6
Scarlet Fever .....	115	126	93	134	100	43	25	38	34	66
Typhoid .....	—	—	—	—	1	—	1	1	—	—
Whooping Cough .....	30	360	8	81	98	26	49	76	72	39

### VACCINATION AND IMMUNISATION

In recent years the numbers and types of antigens available for vaccination and immunisation purposes have increased considerably. In fact, research in this field has been so fruitful that protection against poliomyelitis can now be administered either by injection or by mouth. Considering the numbers of vaccines involved there is understandably an increasing tendency where possible to combine vaccines and thus reduce the number of necessary injections to a minimum.

To assist parents and to avoid any confusion, a personal letter from the M.O.H. is delivered to every mother by the health visitor when she first visits the home on, or soon after, the ninth day of the baby's life. This letter explains the schedule for vaccination and immunisation in use in the Health Department and if it is not suitable for any particular child the parent is advised to discuss the matter with their family or clinic doctor. Further, the parents are provided with a personal record card for their retention which records particulars relative to the vaccinations and immunisations their child is receiving. This personal letter and the omnibus consent form to parents of school entrants would seem to be proving their value, especially in the School Health Service where the figures for vaccination against diphtheria and tetanus are at record level. (Table 9).

A number of local authorities have a computer system in operation for immunisation and vaccination purposes. These computers largely eliminate routine clerical processes and make it possible to undertake large data handling tasks that would otherwise involve considerable clerical manpower. Their application to Health Departments has been more recent and they are now used by a number of Health Departments to provide a central control over the various vaccination and immunisation procedures for each individual child. Computers greatly facilitate the compilation of statistics for the Ministry, the arranging of appointments for immunisation of children at infant welfare clinics or by the general practitioner, and reappointments for those who have previously failed to attend, and the calculating of the quarterly payment due to medical practitioners.

Discussions were held with the Borough Treasurer during the year concerning the use of the computer in his Department, in connection with immunisation and vaccination appointments and statistics. Close consultation continued until the end of the year and it is hoped that a new computer based record system will be brought into operation early in the New Year.

#### *Vaccination against Smallpox*

Vaccination against smallpox is carried out by doctors at infant welfare centres and by general practitioners in the child's second year of life. In 1965, 340 children received primary vaccination against smallpox.



*Immunisation against Diphtheria*

During 1965 1,826 children received a full course of primary immunisation and 1,940 received booster doses against diphtheria. Table 9 illustrates the age groups concerned.

TABLE 9  
DIPHTHERIA IMMUNISATION

Children born in the years:—	Full course of Primary Immunisation	Secondary (Re-inforcing) Injection	Total
1965	807	—	807
1964	756	232	988
1963	69	318	387
1962	53	98	151
1958-61	137	1,196	1,333
Others under 16	4	96	100
TOTAL	1,826	1,940	3,766

*Immunisation against Whooping Cough*

The following table gives details of whooping cough immunisations carried out during 1965:—

TABLE 10  
WHOOPIING COUGH IMMUNISATION

Year of Birth	Number of Children
1965	798
1964	748
1963	68
1962	51
1958-61	30
Others under 16	2
TOTAL	1,697

*Poliomyelitis Immunisation*

The following table gives the number of immunisations carried out during 1965:—

TABLE 11  
POLIOMYELITIS IMMUNISATION

Year of Birth	Injections	Oral	Total
1965	5	760	765
1964	17	1,096	1,113
1963	15	341	356
1962	1	141	142
1958-61	—	343	343
Others under 16	—	136	136
TOTAL	38	2,817	2,855

*TUBERCULOSIS*

I am indebted to Dr. E. T. W. Starkie, Consultant Chest Physician, for the following account of the work undertaken at the Chest Clinic during the year.

*Chest Clinic*

Details of the sessions held at the Chest Clinic are given on page 74.

The following relates to some of the anti-tuberculosis work during 1965:—

Consultations .....	6,707
New out-patients .....	4,567
Number of contacts of new cases examined .....	139
Contacts examined of patients previously notified .....	543
Mantoux positive children found at school and at Chest Clinic ....	85
Mantoux tests .....	167
X-ray examinations: Radiographic film .....	6,590
Pathological specimens .....	2,248
Home visits by health visitors .....	21
Total number of attendances by patients .....	8,288

*Notifications*

(Tables 13 to 15, pages 30 and 31). During the year, 22 persons were notified for the first time as suffering from tuberculosis, a substantial fall from previous years and the lowest ever recorded. Of these, 19 cases were respiratory and 3 non-respiratory. Their age groups and classification are shewn in Tables 14 and 15. In addition, 7 cases already notified in other areas came into the County Borough.

*Deaths*

(Tables 12 to 14, pages 30 and 31). The number of deaths and the death-rates from tuberculosis per thousand of the population were as follows:—

	No. of Deaths	Death- Rates
Respiratory tuberculosis .....	3	0·03
Other forms .. .. .	2	0·02
Totals .....	5	0·05

Table 12 gives the total tuberculosis death-rates for Northampton and for England and Wales during the last ten years.

TABLE 12  
TOTAL TUBERCULOSIS DEATH-RATES IN EACH YEAR OF THE DECENNium

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales ..	0·12	0·11	0·10	0·09	0·08	0·07	0·07	0·06	0·06	*
Northampton . . . . .	0·22	0·11	0·11	0·11	0·12	0·03	0·10	0·05	0·06	0·05

\* Not yet available.

TABLE 13  
TUBERCULOSIS NOTIFICATIONS AND DEATHS

YEARS	NOTIFICATIONS			DEATHS		
	RESPIR- ATORY	NON-RES- PIRATORY	TOTALS	RESPIR- ATORY	NON-RES- PIRATORY	TOTALS
1955	83	13	96	12	1	13
1956	65	12	77	20	2	22
1957	52	8	60	8	3	11
1958	51	5	56	10	1	11
1959	32	8	40	11	—	11
1960	31	7	38	12	—	12
1961	27	3	30	2	1	3
1962	35	10	45	9	1	10
1963	25	11	36	3	2	5
1964	30	8	38	6	—	6
1965	19	3	22	3	2	5

TABLE 14  
TUBERCULOSIS. AGE GROUPS FOR NEW CASES AND DEATHS

AGE PERIODS	NEW CASES				DEATHS			
	RESPIRATORY		NON-RESPIRATORY		RESPIRATORY		NON-RESPIRATORY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year .....	—	—	—	—	—	—	—	—
1—4 years .....	—	—	—	—	—	—	—	—
5—9 years .....	—	—	—	—	—	—	—	—
10—14 years .....	—	—	—	—	—	—	—	—
15—19 years .....	2	1	—	—	—	—	—	—
20—24 years .....	1	—	—	—	—	—	—	—
25—34 years .....	3	1	1	—	—	—	—	—
35—44 years .....	1	2	1	1	—	—	—	—
45—54 years .....	—	—	—	—	—	—	—	—
55—64 years .....	2	2	—	—	—	—	—	—
65 and upwards .....	2	2	—	—	2	1	—	—
TOTALS.....	11	8	2	1	2	1	—	—

TABLE 15  
TUBERCULOSIS. CLASSIFICATION OF NEW CASES

CLASSIFICATION	NOTIFIED CASES			DEATHS OF CASES NOT NOTIFIED		
	M.	F.	TOTAL	M.	F.	TOTAL
RESPIRATORY TUBERCULOSIS .....	11	8	19	—	1	1
OTHER FORMS :—						
Meninges and Brain .....	—	—	—	—	—	—
Peritoneum and Intestines .....	—	—	—	—	—	—
Bones and Joints .....	1	—	1	—	—	—
Glands .....	1	—	1	—	—	—
Other Organs .....	—	1	1	—	—	—
Totals .....	13	9	22	—	1	1

*B.C.G. Vaccination*

During the year, 1,794 persons (tuberculin negative) were vaccinated with B.C.G. vaccine. 127 of these were contacts, and 1,629 were school children, compared with 143 and 838 respectively during 1964.

B.C.G. vaccination continued to be available to the following groups:—

- (i) children between their thirteenth and fourteenth birthdays;
- (ii) children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age;
- (iii) children of 14 years of age and older;
- (iv) children aged 10 years or more with the intention of permitting B.C.G. vaccination at an earlier age than 13 years where this appeared to be justified by the risk of tuberculous infection during later school life; and
- (v) students attending universities, teacher training colleges, technical colleges or other establishments of further education.

*Care Work and After Care*

During the year, the Care Committee supplied milk free of charge to 26 patients. Eighteen patients are receiving this at present. Other grants were made for clothing, bedding and extra nourishment.

Six patients were given financial help to enable them to have summer outings and two patients were helped to have holidays. One patient's wife—a semi-invalid—was helped to visit her husband at Creaton.

In April a party was held in the Tuberculosis Ward of St. Crispin Hospital. Five patients were taken for an hour's car drive while tea was being prepared. Presents were given to all patients.

In September four patients from St. Crispin Hospital were taken for an afternoon's outing and tea at Billing Aquadrome. Councillors Mr. and Mrs. Brown and Mr. H. Kingham lent their cars and accompanied the party.

The Club and Handicrafts Class continued to meet weekly, Councillor Mrs. Wilkinson attending regularly. The Committee entertained members to tea at Bourton-on-the-Water in the summer.

The Committee is glad to be able to give some help to chest patients of the Clinic other than tuberculous patients. At Christmas £94 13s. 3d. was spent on presents for tuberculous patients and £38 9s. 5d. on presents for non-tuberculous patients.

The Committee was represented at the Conference of County Care Committees at Raunds in April and at Rushden in October.

# MATERNITY & CHILD WELFARE

*Marjorie M. Williams, M.B., CH.B.*

*Senior Assistant Medical Officer*

The outstanding event of 1965 was the extension of the Borough boundary on 1st April. This brought a further 1,666 children under the age of 5 years within the care of the Maternity and Child Welfare Department. In addition, approximately 25 babies were born each month to mothers living in the added areas. Three Welfare Clinics were taken over.

In Duston the greatest problem was the inadequate premises. In New Duston no suitable accommodation was available for a child welfare clinic at the time of the transfer and despite every effort no suitable accommodation was found by the end of the year. The need for a small " Purpose-built " unit in this developing area is urgent.

It is unfortunate that the first of the four multi-purpose clinics which was included in the capital building programme for 1965/66 was one of the projects which had to be postponed following receipt of Ministry Circular 20/65. These premises are long overdue in the town and it is hoped that work will be able to proceed in the ensuing financial year.

## *Registration of Births*

2,324 live births were registered, the birth-rate being 19.7 compared with 19.0 for the preceeding year and 18.0 for England and Wales.

TABLE 16  
REGISTERED LIVE AND STILLBIRTHS

	MALES	FEMALES	TOTALS
Live Births Registered .....	1,183	1,141	2,324
Stillbirths Registered .....	19	20	39
*Total Births Registered .....	1,202	1,161	2,363

\* 1,927 of the total registered births occurred in institutions.

4,459 live and still births were notified during the year.

## *Stillbirths*

Of the 43 notified and investigated, 23 were born prematurely and 14 weighed less than 3½lbs. at birth. All but one stillbirth occurred in hospital.

39 stillbirths were registered, giving a rate of 16.5 per thousand total births (including stillbirths) registered, compared with 15.7 for England and Wales.



*Perinatal Mortality*

Perinatal deaths can be divided into:—

- (1) those associated with obstetric conditions in the mother, which can be reduced by good ante-natal care and skilled obstetrics, and
- (2) those due to effects of influences such as neonatal infections, radiography and drug intoxication.

The hard core of perinatal mortality comprises:—

prematurity, asphyxia, atelectasis, birth injury and congenital malformations.

There were nineteen more stillbirths and three fewer neonatal deaths compared with last year. An analysis and comparison of these deaths is given in the following tables from which will be seen:—

- (1) an increase of eight in the number of stillbirths born before the 32nd week,
- (2) an increase from 5 to 17 and from 5 to 10 in stillbirths in first and second babies respectively,
- (3) an increase from 12 to 21 in the number of stillbirths in babies 4lbs. 15oz. or less,
- (4) an unexplained increase from 0 to 12 in stillbirths due to anencephaly,
- (5) an increase in number of stillbirths born between 39 and 40 weeks from 6 to 12 and in those weighing  $5\frac{1}{2}$ — $7\frac{1}{2}$ lbs. from 8 to 17.

TABLE 17

ANALYSIS OF DEATHS (ACCORDING TO DEPARTMENTAL RECORDS)

*Stillbirths—43*

		1965	1964
1. Cause of Death:			
Foetal	Hydrocephaly .....	1	1
	Anencephaly .....	12	—
Maternal	Rhesus factor .....	5	1
	Pre-eclamptic Toxaemia .....	3	1
	Hypertension/concealed APH ....	1	—
	Toxaemia .....	1	3
Unknown	Macerated .....	8	7
	Foetus fresh .....	1	1
Accident of labour	Prolapsed cord .....	1	—
	A.P.H. ....	3	5
	Obstructed breech .....	1	—
	Short cord .....	2	—
	Post-mature .....	2	2
	Unstable lie .....	1	1
	Breech .....	1	1



TABLE 17—(continued)

		1965	1964
2. Maturity:			
	Under 30 weeks .....	5	2
	30—32 weeks .....	7	2
	33—34 weeks .....	3	2
	35—36 weeks .....	7	3
	37—38 weeks .....	5	4
	39—40 weeks .....	12	6
	40 weeks plus .....	4	5
3. Number of pregnancies:			
	1st .....	17	5
	2nd .....	10	5
	3rd .....	6	4
	4th .....	4	5
	5th .....	2	5
	6th .....	1	
	7th .....	2	
	12th .....	1	
4. Birth weight:			
	Up to 2 lb. 3oz. ....	9	4
	„ 3 lb. 4oz. ....	5	6
	„ 4lb. 6oz. ....	3	1
	„ 4lb. 15oz. ....	4	1
	„ 5lb. 8oz. ....	2	2
	„ 7lb. 8oz. ....	17	8
	Over 7lb. 8oz. ....	3	2
<i>Neonatal Deaths—17</i>			
1. Cause of Death:			
	Atelectasis .....	3	6
	Prematurity .....	6	2
	Atelectasis and prematurity .....	3	2
	Cerebral haemorrhage .....	1	4
	Congenital .....	2	4
	Cardiac failure		
	Rh incompatibility.....	1	—
	Peritonitis .....	1	—
	Asphyxia .....	—	2
2. Age of Infant:			
	under 12 hours .....	9	10
	12—24 hours .....	4	2
	1—2 days .....	3	5
	3—7 days .....	1	3
3. Birth weight:			
	Under 2lb. 3oz. ....	6	6
	2lb. 3oz. under 3lb. 4oz. ....	2	3
	3lb. 4oz. under 4lb. 6oz. ....	2	3
	4lb. 6oz. under 4lb. 15oz. ....	—	1
	4lb. 15oz. under 5lb. 8oz. ....	—	—
	Over 5lb. 8oz. ....	7	6

TABLE 17—(continued)

	1965	1964
4. Number of pregnancies: 1st .....	7	8
2nd .....	3	6
3rd .....	1	1
4th .....	1	2
5th .....	1	3
6th .....	—	—
7th .....	3	—
8th .....	1	—

It is hoped that the formation of a special sub-committee of the Maternity Liaison Committee to review perinatal deaths regularly will prove of considerable help with this problem.

#### *Late Neonatal Mortality*

There were five deaths in infants aged 1 week to 1 month as follows:—

- 1—Congenital abnormalities of brain and face
- 1—Congestive cardiac failure
- 1—Streptococcal bronchopneumonia
- 2—Asphyxia

This compares with three deaths in 1964.

#### *Post Neonatal Mortality*

Six deaths occurred in infants aged 1 to 12 months from the following causes:—

- 1—Cardiac respiratory failure
- 1—Staphylococcal septicaemia
- 1—Inhaled vomit/Bronchopneumonia
- 3—Bronchopneumonia

This compares with thirteen deaths in the preceeding year.

#### *Infant Mortality*

There were 28 deaths in infants under one year of age, the infant mortality being 12.0 per thousand registered live births compared with 18.8 last year. The corresponding figure for England and Wales was 19.0.

TABLE 18  
INFANT MORTALITY RATES, 1956—1965

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales..	23.8	23.0	22.5	22.0	21.7	21.4	20.7	21.1	20.0	19.0
Northampton .....	24.1	16.5	19.1	23.4	20.2	26.7	15.4	17.0	18.8	12.0

*Mortality in Pre-school Children*

There were seven deaths compared with eight in 1964, in children aged 1 year to 5 years, as follows:—

- 1—Acute lymphoblastic leukaemia
- 1—Bronchopneumonia/Microcephaly with epilepsy
- 1—Bronchopneumonia/Thalassaemia major
- 1—Electrocution (accidental)
- 1—Burns (overturned oil stove)
- 1—Uraemia—Infection left kidney/diabetes mellitus
- 1—Cerebral secondaries/Bilateral retinoblastoma (removed)

*ILLEGITIMATE BIRTHS*

An attempt was made during the year to investigate the care of 74 illegitimate children known to this department. The largest group (25%) were living with maternal grandparents (who frequently cared for the child whilst the mother worked), thirteen were cared for by their mothers who were in receipt of National Assistance, and thirteen were placed for adoption.

There were a number of stable unions, four only were daily minded and two were with foster parents.

It is interesting to note that only one mother received no ante-natal care and one was supervised only in the last four months.

<i>Care of Infant</i>	<i>No.</i>	<i>Mother's Nationality</i> <i>West Indian</i>
Adopted .....	13	
Foster care .....	2	1
Daily minder .....	4	3
Maternal grandmother .....	21	
Living with putative father .....	9	2
Living with putative father (stable union) ..	7	5
Mother on National Assistance .....	13	4
Parents married .....	4	
Admitted to Home .....	1	

The illegitimate birth-rate in the town is high as shown by the following table:—

TABLE 19  
ILLEGITIMATE BIRTH-RATE, 1956—1965

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales..	4.6	4.6	4.9	5.1	5.4	5.9	6.6	6.9	7.2	*
Northampton .....	6.1	6.4	7.1	6.9	7.2	6.2	8.7	9.7	9.4	8.3

\* Not yet available.

### CONGENITAL ABNORMALITIES

All congenital abnormalities are now notified on the birth card and full details are sent to the Ministry each month. During the year, 45 infants were born with recognisable abnormalities. Of these, thirteen were stillborn, three died within 24 hours and four within two weeks.

Central nervous system . . . . .	15
Uro-genital system . . . . .	2
Respiratory system . . . . .	1
Cardiovascular system . . . . .	3
Limbs . . . . .	15
Hare lip . . . . .	1
Cleft palate and hare lip . . . . .	2
Eyes, ear . . . . .	1
Hydrops . . . . .	3
Multiple . . . . .	2

### Care of Premature Infants

There were 118 premature live births and 23 stillbirths notified compared with 132 and 12 respectively last year. Of the 19 born at home, all survived the first week of life. An analysis of deaths in premature live and still births is given in Table 17.

Most small premature babies born at home or in St. Edmund's Maternity Unit are transferred to the Barratt Premature Baby Unit for special care and nursing.

TABLE 20  
DEATHS IN PREMATURE LIVE AND STILL BIRTHS

Birth Weight	Premature live births	Deaths within 24 hours	Deaths within 28 days	Deaths within 28 days per 1,000 live prem. births	Premature Still births	Premature Stillbirths per 1,000 live and still prem. births
All babies of 5 lb. 8 oz. and less . . . . .	118	9	2	93.3	23	163.2
Under 2 lb. 3 oz. . . . .	6	4	2	50.8	9	63.8
2lb. 3 oz. & under 3lb. 4 oz.	9	3	—	25.5	5	35.6
3lb. 4 oz. & under 4lb. 6 oz.	16	2	—	17.0	3	21.3
4lb. 6 oz. & under 4lb. 15 oz.	17	—	—	—	4	28.4
4lb. 15 oz. to 5lb. 8 oz. ...	70	—	—	—	2	14.1

### HEALTH VISITING

Although the number of Health Visitors employed rose from six to nine during the year, the number is quite insufficient to deal with the work that should be done. Every effort was made, therefore, to use these highly trained members of the staff to the maximum advantage.

Selective visiting was carried out and each member of the staff had her own group of families requiring special support. High priority was given to the mother with her first baby, the family where there is a handicapped child or where social problems exist.

During the year a course of training was arranged for health visitors in the early detection of deafness in babies and young children. We were most fortunate in having Professor I. G. Taylor, M.D., D.P.H., from the Department of Audiology and Education of the Deaf, The University, Manchester, to conduct this course personally in Northampton.

The early diagnosis of deafness is of the utmost importance for normal speech development and normal emotional growth. All the health visitors have now received this important and essential training.

A register is kept of all handicapped children and their many problems are discussed with the health visitor and the staff of the mental welfare department and other social workers. By this means it is hoped to give the family the maximum support and the child the best possible opportunity to develop his potential abilities to the full.

Home visits during year by Health Visitors:—

	<i>Number of Cases</i>
To expectant mothers .....	1,160
To children born in 1965 .....	2,525
To children born in 1964 .....	2,310
To children born in 1960-63 .....	4,518
To persons aged 65 or over .....	41
To mentally disordered persons .....	26
To persons discharged from hospital other than mental hospital or maternity homes .....	16
To tuberculosis households .....	24
To households visited on account of other infectious diseases ..	114

Two student health visitors completed their training during April and one during June, and in September a further two commenced training.

At the end of the year, both the Health Committee and the Local Medical Committee agreed in principle to the attachment of health visitors to general practitioners within the town and it is hoped that a meeting with them will be held early in the new year to explain the function and duties of health visitors and the advantage of their attachment to general practice.

#### *CHILD WELFARE CENTRES*

A summary of the 1965 statistics is given below:—

Number of children who first attended a centre of this Local Authority and who at their first attendance were under one year of age .....	2,046
Total number of children under five years of age who attended	5,084
Total attendances .....	48,637

Seventeen Child Welfare Centres are held each week. Three in St. Giles' Street clinic and fourteen in temporary premises in various parts of the town. Two special sessions at St. Giles' Street clinic are devoted to handicapped children.



During 1965, the following quantities of welfare foods were issued:—

<i>Commodity</i>	<i>Main Centre</i>	<i>Outlying Centres</i>	<i>Total</i>
National Dried Milk (tins) . . . . .	13,123	11,947	25,070
Cod Liver Oil (bottles) . . . . .	1,125	1,374	2,499
Vitamin A and D tablets (pkts) . . . . .	1,765	979	2,744
Orange Juice (bottles) . . . . .	14,809	16,247	31,056

This shows a slight increase in take-up of all welfare foods which could be attributed to the increased population resulting from the boundary extension.

#### *VOLUNTARY WORK*

The Northampton Maternity and Infant Welfare Voluntary Association has 148 members. One of their main activities is to help at the various Child Welfare Centres.

The Association is also responsible for the Mothers' Club which is held on Tuesday and Thursday evenings from September to April.

#### *MIDWIVES*

60 midwives were practising in Northampton County Borough on 31st December, 1965, as follows:—

Domiciliary (including 2 administrative staff) . . . . .	11
St. Edmund's Maternity Unit . . . . .	12
Barratt Maternity Home . . . . .	30
Other Maternity Homes . . . . .	7

#### *NURSERIES AND CHILD MINDERS*

The Nurseries and Child Minders (Regulation) Act, 1948, requires all those who care for three or more children under the age of five years for reward to register with the local authority.

At the end of the year, there were on the register 13 daily minders, 1 industrial nursery, 2 private nurseries and 3 playgroups, providing for 228 children.

A high standard of care is demanded in day nurseries. Suitably qualified staff must be employed and the ratio of children to staff is defined. Emphasis is placed on good hygiene and the standard of meals provided is carefully watched. Before registration, each nursery is inspected by the Fire Officer and all safety measures checked. Suitable play material and occupation facilities must be arranged for the children including access to open air activities.

Where only small numbers of children are received into a home—strange to relate, difficulties can arise. The standard of care can deteriorate suddenly, the meals provided may become inadequate, the facilities for play and outdoor activity become inadequate and the permitted number of children be exceeded. The welfare of this group of children presents a particular problem to the authority. Frequent visits by members of the staff of the department are essential to ensure that care and supervision of the children is adequate.

One serious case arose during the year where a person registered to receive 10 children was found to have 24 children crowded into two small rooms. On another occasion, on a bitterly cold winter's day, the heating was totally inadequate, the temperature of the rooms being only 39°F. Although the Council has powers to cancel such registrations, there is no power immediately available to close such an establishment temporarily. By comparison, a number of excellent playgroups exist in the town which provide an admirable care, splendid opportunity for play and a delightful happy atmosphere for the child.

The requirements of the Act with regard to registration are published in the local paper from time to time as unregistered cases are occasionally coming to the notice of the department. In the case of West Indian households it is not always easy to determine whether registration is required since many close relations may be living together with numerous young children.

### *DOMICILIARY MIDWIFERY*

The Northampton Branch of the Queen's Institute of District Nursing undertake domiciliary midwifery on behalf of the Local Authority. During 1965 there were 436 home confinements (sixteen mothers were primipara and thirty-one were mothers with more than four children) compared with 444 last year.

The demand for hospital confinement remains high. 980 applications for admission to St. Edmund's Maternity Unit were received during the year. If all demands are to be met in the future a firm plan for early discharge must be organised and a good liaison between hospital and domiciliary midwifery service carefully implemented, in order to make more efficient use of the beds available in the Unit. Unfortunately, there is still a small number of mothers who receive inadequate care during the ante-natal period owing to their own negligence or failure to carry out instructions. In addition, a few mothers of very large families cannot be persuaded to accept hospital confinement despite the important obstetric and perinatal risks involved to such women and their babies.

There were two maternal deaths in the Borough during 1965. The appropriate Confidential Enquiry Reports on these two deaths were forwarded to the Regional Assessor. It was considered that one of these could be considered as preventable.

### *MOTHERCRAFT AND RELAXATION CLASSES*

Weekly mothercraft and relaxation classes at St. Giles' Street clinic for expectant mothers booked for St. Edmund's Maternity Unit or for home confinement continue to be well attended and much appreciated. During the year, 570 women made 2,379 attendances. Apart from relaxation exercises, individual women have the opportunity to discuss their problems and anxieties in a quiet and reassuring atmosphere.

At regular intervals, arrangements were made to show at these classes an excellent film entitled "To Janet a Son," dealing with pregnancy, ante-natal care and the course of labour.

One ante-natal clinic is held weekly at St. Giles' Street, where patients booked for home confinement or St. Edmund's Maternity Unit attend for blood tests. 2,322 tests were taken during 1965.

## DENTAL CARE

Expectant and nursing mothers and pre-school children receive free dental care. One session is devoted each week to this work. A summary of the work undertaken during the year is given in the following table:—

TABLE 21  
SUMMARY OF DENTAL WORK

	Expectant and Nursing Mothers	Children Under 5 years	Totals
<i>Number of patients provided with Dental Care:—</i>			
Examined .....	4	113	117
Commenced treatment during year .....	2	90	92
Courses of treatment completed during year .....	5	128	133
<i>Number of Dental Treatments provided:—</i>			
Scalings and gum treatment ..	3	—	3
Fillings .....	1	128	129
Silver nitrate treatment .....	1	386	387
Crowns or inlays .....	—	—	—
Extractions .....	18	97	115
Dentures provided:			
Full upper or lower .....	1	—	1
Partial upper or lower .....	2	—	2
Radiographs .....	1	—	1
General anaesthetics .....	3	43	46





CLIFTONVILLE TRAINING CENTRE







CLIFTONVILLE TRAINING CENTRE—Woodwork Shop



# MENTAL HEALTH

Ronald H. Martin, M.A., B.M., B.CH.

*Assistant Medical Officer of Health*

There has been considerable national and local interest in mental health matters during the year and there have been many well informed newspaper reports and television and radio programmes on this important subject. Local interest has been considerable, particularly by the British Red Cross Society, the churches, voluntary societies and all sections of the health and welfare departments.

## *Preventive Medicine*

A series of films, talks and discussions on emotional development were attended by health visitors and welfare workers from the town and county. Already an increasing interest and skill is apparent in work with parents and young children. The Northamptonshire Association for Mental Health held a successful one day conference on the preventive aspects of mental health and further activities are expected in this important field.

## *Co-operation between Organisations and Departments*

Individuals with mental health problems seek help from many departments and there has been close co-operation with health visitors, welfare officers, public health inspectors, the staff of the housing department and school health service, educational psychologists, paediatricians, general practitioners and many voluntary organisations. Very close contacts with the staff of St. Crispin Hospital are, of course, vital (see later).

It is interesting that improvements and new developments in any department seem invariably to improve liaison with other departments and the quality of work done for patients.

## MENTAL SUBNORMALITY

New developments in this field include the following:—

*Genetic counselling* services continue to be available and have been used to inform parents e.g. of the probability of a second mongol child occurring. It is a rapidly developing science and of great interest both in diagnosis (e.g. mongolism if in doubt can be assessed by genetic cell studies) and in prognosis. The studies of the hereditary patterns of rare but important diseases are also developing.

## *Care of the Young Mother and Handicapped Child*

This has continued with selective visiting by health visitors. Attention has been directed to the early detection of handicapped babies in co-operation with general practitioners and other services.

## *Diagnosis*

Good liaison exists with the paediatricians, but the death of Dr. Gosset was keenly felt because of his great interest and skill. His detailed reports remain as excellent guides to many of the mentally handicapped children cared for by this department. Dr. Stevens has taken his place and her continuing interest is warmly welcomed.

Dr. Wigglesworth has continued to give valuable advice on many problems of child assessment and care. Assessment of progress has been helped by the application of various testing methods and close observation of individual children. One medical officer attended a course for training in Ruth Griffiths technique of assessment of young handicapped children. Considerable help has been received in this difficult field of assessment of very young children from the educational psychologists.

#### *Play Therapy*

This group of 12 to 15 severely handicapped children is held on Monday afternoons and is attended by parents and children. It is run by the Maternity and Child Welfare Department in co-operation with the Northampton Maternity and Infant Welfare Voluntary Association.

On Friday mornings a similar group is held to provide much needed relief for mothers and play therapy for the children. This is staffed by members of the British Red Cross Society and the local branch of the National Society for Mentally Handicapped Children. Financial support is provided by these Societies and the local Spastic Society.

#### *Nursery Care*

Selected handicapped children are accepted for nursery school care where this is likely to be beneficial.

#### *Junior Centre*

In January, the whole of the building used previously as a joint Junior and Adult Centre became available for juniors and the numbers increased from 24 to 50, even so further places were needed and arrangements were made for those living in the west side of the town to attend the County Centre, Dallington. The additional provision made available in the year (32 new junior places) was greatly appreciated by parents and children. The existing centre is not up to modern standards and a new "school" is included in the Capital Building Programme for 1966/67, although final agreement has not yet been reached with regard to a suitable site.

#### *Cliftonville Training Centre*

In January, the adults moved to temporary accommodation at St. Katharine's Street, kindly rented from the local branch of the Society for Mentally Handicapped Children until the new centre was ready. In September the new centre was opened and the number of adult trainees increased from 48 to 60. The Centre consists of an administrative and teaching block linked to an industrial unit. The total cost was approximately £100,000 and it was designed for 80 places. It provides teaching and domestic science classrooms, medical room, administrative offices, kitchen and a large assembly, recreation and dining hall. The industrial unit comprises a small commercial laundry, carpentry shop, main workshop and facilities for horticulture. Adequate provision is made for full recreational activities. The staff consists of a manager, deputy, and four assistant supervisors, including a skilled engineer with management experience, a deputy with National Association for Mental Health Diploma, a trained occupational therapist and an assistant who has completed the N.A.M.H. course. Evening socials are held. Arrangements have been approved for training of one member of the staff each year.

Teething troubles were experienced in the laundry where neither staff nor trainees had any previous experience of the work, and the original plan to do all the laundry for the old people's homes had to be modified. Whilst emphasis has been placed upon industrial types of work within the capacity of the trainees, the importance of further educational and social training are also receiving due attention.



### *Hostel*

Work commenced during the year on the first purpose-built hostel and the building is now well under way at a site in the grounds of " St. Lucia," Cliftonville. It is hoped this will be in use during 1966.

Sufficient people in urgent need of hostel accommodation are already known to the Department to ensure adequate occupancy when it opens.

### *Further Developments*

- (1) Plans for a Special Care Unit were approved by the Ministry and it is hoped that work will commence during the financial year 1965/66.
- (2) Training for Junior and Adult Centre staff is vital and approval has been received for temporary replacements for those away on training.
- (3) More welfare staff is needed and one excellent mental welfare officer was appointed during the year.
- (4) Separate holidays are planned for 1966 for the trainees attending Junior and Adult Centres.

### *Long-term Plans*

Dr. de Bastarrechea from Pewsey Hospital visits regularly and arranges much useful short-term care for subnormal patients. Beds for long and short-term care are urgently needed. The proposal to use beds at Upton Hospital is of considerable interest. Deficiencies in addition to those mentioned are:—

- (a) More beds are needed locally for long and short-term care as the long journeys to Pewsey and Borocourt Hospitals are not easy for relatives.
- (b) Local facilities for the training of staff of Junior and Adult Centres and for welfare officers would be most useful.

Transfer of suitable trainees from the Adult Centre into industry is much in mind although many of the trainees are unlikely to be capable of employment in industry. The need for the provision of a sheltered workshop is under consideration with the Ministry of Labour.

### *MENTAL ILLNESS*

New developments have been mainly in the hospital field.

- (1) Considerable improvements have taken place at St. Crispin and St. Andrew's Hospitals. At St. Crispin Hospital large scale structural improvements have continued and the wards are fast attaining a high standard. On the organisation side three clinical teams have been formed to enable each team to deal with a particular area. Two teams now serve Northampton and great co-operation exists in all aspects of the work and at all staff levels to serve the best interests of the patients.

At St. Andrew's Hospital, wards have been redecorated and the usual statutory visits have been made with Ministry Officials. A medical officer from the Department serves on the Nurse Training Committee. Visits are made when requested and talks have been given to nurses who attend the Local Authority establishments regularly as part of their training.

- (2) Numerous discussions have been held with the staff of St. Crispin Hospital in an endeavour to co-ordinate mental welfare work with the hospital teams and these discussions continue. It is hoped to provide an integrated scheme for social workers from both hospital and local authority. A good service is provided by the mental welfare officers who work very long hours, but the present staff is inadequate in number for the amount of work.

- (3) Liaison with other services and departments has continued and work with general practitioners, hospitals, voluntary and statutory organisations has increased.



## (4) Voluntary organisations have been busy:—

- (a) A one-day Conference organised by the local branch of National Association for Mental Health on " Preventive aspects of Mental Health " was attended by a large audience from many walks of life.
  - (b) The interest of the Northampton Branch of the British Red Cross Society continues with emphasis on mental health including publications for general and special use.
  - (c) A weekly Psychiatric Social Club was started by the local branch of the National Association for Mental Health in local authority clinic premises.
  - (d) Church organisations began organising groups for visits to St. Crispin Hospital.
- (5) A review of the community needs of patients who have been in hospital for more than two years was commenced during the year and may provide useful information.
- (6) It is hoped to examine the community needs of the mentally disordered both in and out of hospital as a basis for developing a more complete and satisfactory mental health service.

This will include:—

- (a) A study of the needs of the aged in and out of hospital in association with other services for old people.
- (b) Studies of occupations outside hospital suitable to the needs of patients, e.g. sheltered workshops, training centres, and workshops for the elderly.
- (c) To assess the probable need for suitable accommodation for all ages and types of patients capable of life outside hospital and the supportive services required.
- (d) The needs of people in their own homes particularly the severely mentally ill in their own homes.

#### *MENTAL SUBNORMALITY—STATISTICS*

Cases on Register — 468	M.	F.	Total
In Hospital .....	67	77	144
Under home supervision .....	160	164	324
	<hr/> 227	<hr/> 241	<hr/> 468
New cases referred during the year			
From Local Education Authority .....		11	
From other sources .....		34	
		<hr/> 45	
Hospital Admissions			
Bromham Hospital .....		1	
Pewsey Hospital .....		2	
Wayland Hospital, Bradfield (Borocourt) ....		1	
Manor House, Frenchay, Bristol .....		1	
West Stowell House, Pewsey (for observation)		1	
Lisieux Hall, Chorley, Lancs (Hostel) .....		1	
Waiting List of Urgent Cases	M.	F.	Total
At home .....	6	9	15
Awaiting transfer from St. Crispin Hospital ..	9	25	34
	<hr/> 15	<hr/> 34	<hr/> 49

### Short-term Hospital Care

Eighteen cases were admitted for short-term care—fifteen to Pewsey Hospital, one to Borocourt Hospital, and two to The Mount, Nottingham.

### Summer Holidays

Holidays for eight adults were arranged at Brighton and Hastings with the help of the Brighton Guardianship Society.

### Community Care

Visits to homes of subnormal and severely subnormal patients . . . . .	1,094
Miscellaneous visits paid . . . . .	260
Interviews at Office . . . . .	336

## MENTAL ILLNESS—STATISTICS

### Admissions

The following table summarises the formal admissions during 1965:—

		Males	Females	Totals
St. Crispin Hospital	Section 25	50	87	137
	Section 26	6	3	9
	Section 29	14	3	17
St. Andrew's Hospital	Section 25	—	4	4
	Section 26	2	2	4
St. John's Hospital, Stone	Section 25	2	7	9
Hill End Hospital, St. Albans	Section 25	1	—	1
Shenley Hospital, St. Albans	Section 25	1	—	1
Towers Hospital, Leicester	Section 25	1	—	1
		77	106	183

The above tabulation includes action taken in the case of 38 persons over the age of sixty-five years:—

St. Crispin Hospital	6	26	32
St. Andrew's Hospital	—	3	3
St. John's Hospital	1	1	2
Hill End Hospital	1	—	1
	<hr/>	<hr/>	<hr/>
	8	30	38

### Community Care

Number of first visits . . . . .	310
Number of subsequent visits . . . . .	1,446
Total visits paid . . . . .	1,756
Number of interviews at office, home, etc. . . . .	436

### After-care

Referrals for after-care following discharge from St. Crispin Hospital numbered 140, involving 76 males and 64 females.

## ENVIRONMENTAL HEALTH

*A. Robinson, M.A.P.H.I.,  
Chief Public Health Inspector*

The year has seen continued progress in all fields, as evidenced by the fact that there was approximately 87 per cent increase in the number of visits as compared with 1964, but there is still a tremendous amount of work to be done. In April the Borough boundary was extended with a consequent increase in population of 13,000. Unfortunately, it has not been possible to recruit additional staff to meet the increased commitments which this has entailed. Nevertheless, the fact that so much has been achieved is due to the wholehearted effort made by the staff and I would like to express my thanks for their support.

### STAFF

The staffing position has remained reasonably stable during the year. Mr. Osborne rejoined us from Kettering Borough Council, Mr. Boulter joined us from Northampton Rural District Council but Mr. Kirkland left to fill the vacancy thus created. Mr. Rolfe took up his appointment as Authorised Meat Inspector in March and Mr. Smith took up his appointment as Offices and Shops Inspector in May.

### HEALTH EDUCATION

A training course for qualified Public Health Inspectors and other students wishing to take the examination of the Royal Society of Health to obtain the Diploma in (a) Inspector of Meat and Other Foods or (b) Authorised Meat Inspector was held at the College of Technology in the autumn and winter sessions 1964/65. Of the seven students who submitted themselves for examination, five were successful, which represents a pass rate of 71 per cent. As this course proved so successful, sufficient demand was forthcoming for another similar course to be held in the winter session 1965/66. Fifteen students have enrolled for this course, which is again being conducted by ourselves with the co-operation of the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, without whose co-operation this would not have been possible. Two series of food hygiene lectures were held in the early part of the year at the College of Technology for members of the food trade, mainly managerial and supervisory personnel, who wish to obtain the certificate of the Royal Institute of Public Health and Hygiene. Of the 22 students who enrolled for these courses, 19 took the examination and all but two were successful.

Two further series of food hygiene lectures of shorter duration were held during the same period for other members of the food trade who did not wish to take part in the certificate courses. A similar series of certificate and non-certificate courses were again commenced in October and will continue into the early part of 1966.

A special two-day food hygiene course was held in the Health Department for managerial and supervisory staff from a number of bakeries in the North Midlands Group of a large bakery firm. The examination for the certificate of the Royal Institute of Public Health and Hygiene was postponed until January, 1966, because of industrial





ST. JAMES' STREET CLEARANCE AREA







DEVONSHIRE STREET CLEARANCE AREA



trouble in the baking industry. In addition, a number of talks have been given to various other bodies, including the T. O. C. H. and Workers' Educational Association. I consider that education is an important part of our work, particularly as this enables us to explain the important role the Public Health Inspector has to play in the life of the community.

## *HOUSING*

### *Slum Clearance*

In 1964 a five-year slum clearance programme was declared by the Council. In May of this year the programme was amended to include houses to be dealt with in 1969, thus maintaining the principle of a continuing programme. The programme schedule of proposed clearance areas has been met and the following areas were represented during the year, namely, (1) Mount Gardens Clearance Area (15 houses), (2) St. James' Street Clearance Area (46 houses), (3) Western Terrace Clearance Area (9 houses), (4) Devonshire Street Clearance Area (130 houses). In addition, (i) inspection of more than 80 per cent of the houses in the Arundel Street Clearance Area (202 houses) has been completed and it is hoped to represent this area in February or March, 1966; (ii) inspection has been completed on the School Yard Clearance Area (5 houses), which will be represented in January, 1966.

Photographs of Areas (2), and (4) are shewn.

The Minister of Housing and Local Government confirmed the Adelaide Street Compulsory Purchase Order (203 houses) in April and in October a Public Inquiry was held by the Ministry of Housing and Local Government to consider objections to the Princes Street Compulsory Purchase Order.

### *Individual Unfit Houses*

Eleven houses were represented during the year and a further ten houses will be represented in January, 1966.

### *Improvement Areas*

During the year an external survey was carried out of over 1,600 houses in two selected areas of the town. In October the Housing Committee accepted my report on this problem and authorised a detailed inspection of approximately 100 houses in one of the areas as a pilot scheme. These inspections will commence early next year but from details of ownerships, etc., obtained from the survey, it is obviously only the poorer parts of these areas, where there is a predominance of tenanted properties, which will be able to be dealt with. It is also apparent that in the better parts of these areas more than 50 per cent of the owner/occupied houses have not been improved by the provision of standard amenities. Unfortunately, the Housing Act, 1964, only applies to tenanted properties and in this type of area the predominance of owner/occupiers renders its declaration as an improvement area impracticable. With the accelerating change from tenancy to owner/occupancy, even to a certain extent in slum clearance areas, this problem will become more acute. It is accepted that it is necessary to improve the lot of people living in houses which are due for clearance.

I consider that the number of houses which ought to be improved as compared with the number of houses scheduled for clearance is probably in the ratio of seven to two. Should these houses be improved, they would provide reasonable living accommodation for many years but if not improved must continue to deteriorate. It is therefore essential that these houses on which it is worth spending time, money and effort should be improved and this can only be achieved if all houses in such areas, whatever the status of the occupiers, are required to be brought up to standard. An interesting aspect of this work has been the close co-operation between ourselves, the Borough



Architect's Department and the Consultants who are particularly concerned with the environmental improvement of such areas as part of the proposed large expansion of the town.

Notwithstanding the demolition or closure of unfit dwellings, the repair of other houses has been continued and this still forms a very important part of our work.

Two applications for Certificates of Disrepair were received during the year.

## *FOOD AND DRUGS*

### *Slaughterhouses*

The new slaughterhouse was completed during the year and by the Appointed Day which was 1st October, 1965, three slaughterhouses complied fully with the requirements of the Slaughterhouse Hygiene Regulations. After that date two of the older slaughterhouses ceased operations.

### *Slaughter of Animals*

The names of 22 slaughtermen were on the Register at the end of 1965.

### *Meat Inspection*

With the appointment of a further Meat Inspector, the problem of meat inspection has been eased and disruption of work by time off in lieu of overtime was removed by the introduction of a sessional fee. These two factors have been responsible for the release of Public Health Inspectors for other work and the effect of this is shown in the records of work carried out during the year. Details of carcasses inspected, etc., are contained in Table 22.

### *Inspection of Food Premises*

It is regretted that proper routine inspection of all food premises in the town has not been possible due to shortage of staff and pressure of other work. Nevertheless, a lot of work was done in this field and it is hoped that this will accelerate next year. Successful proceedings were taken against a cafe proprietor for operating his business in deplorable conditions. He was fined a total of £52 and the Magistrates made an Order under Section 14 of the Food and Drugs Act, 1955, prohibiting him from using the premises as a food business for six months.

Details of the inspections are contained in Table 23.

### *Food Hygiene (General) Regulations, 1960*

Details of food premises subject to the Food Hygiene (General) Regulations are given in Table 26.

### *Complaints and Contraventions*

54 infringements, 53 resulting from complaints, were investigated. Due to the number involved, these have not been reported on separately in this report but the following comments are made:—The one sample which was unsatisfactory and reported on by the Public Analyst concerned the inaccurate labelling of processed cheese. The consumer complaints were mainly of foreign bodies in milk and a wide range of other foods. There were cases of mould in confectionery and similar products. It is apparent that proper stock rotation and disposal of stale goods has again been the major cause of trouble. In these cases advice was given on the introduction of a simple coding by the shopkeeper and by the breaking of stale goods before placing in the "returns" trays.

I am pleased that the number of complaints received in this office has been three times greater than last year but I am also certain that these are only a small percentage

of the total number of complaints which might have been received. The reasons for this no doubt include a reluctance by the members of the public to be involved in legal proceedings. It should be noted, however, that of a total of 53 complaints, only one was the subject of prosecution. In my opinion, proper investigation of these types of complaint can only result in the maintenance of a high standard of food quality. It has been my experience that most food manufacturers are very anxious to co-operate and very often the investigations reveal flaws which have not been apparent to people on the spot because they are, in fact, too close to the problem. In any case, they are very anxious to preserve their reputation. The presence of some foreign bodies has proved completely inexplicable and there would appear to be no steps which the manufacturers could take to prevent the remote possibility of a similar recurrence. The effect of prosecution is obviously intended to prevent similar contraventions taking place but in such cases prosecutions could not be effective and, therefore, would be completely unjustified.

Where there has been carelessness or deliberate contravention of the law or advice has not been acted on and the same complaint has recurred, I would have no hesitation in recommending the institution of legal proceedings.

#### *Milk and Dairies*

Two dairy premises and 111 milk dealers were on the Register at the end of the year.

131 samples of milk were submitted for examination, viz: 129 pasteurised, one sterilised and one dried milk powder.

All the pasteurised samples were submitted to the phosphatase test and all reached the required standard. The sample of sterilised milk was subjected to the turbidity test and was satisfactory.

#### *Milk Supplies*

*Brucella abortus*—no samples taken.

#### *Sampling of Food and Drugs*

277 samples (93 formal, 184 informal) were taken by the Public Health Inspectors under the Food and Drugs Act, 1955. This sampling continued to be taken on the basis of the three per 1,000 population, at least one-third being milk.

The nature of the samples submitted to the Public Analyst is given in Table 24 (only one was found to be not genuine).

#### *Liquid Egg (Pasteurisation) Regulations, 1963*

There are no egg pasteurisation plants in the district.

#### *Unsound Food*

There were no seizures, but 1,856 surrender notes were issued. (See Table 25).

#### *Ice Cream*

At the end of 1965, 641 ice cream premises were included on the Register.

#### *Food Poisoning*

During the year, nine samples of food were submitted to the Public Health Laboratory. Five cases of food poisoning were notified under Section 26 of the Food and Drugs Act, 1955.



### WATER SUPPLY

The water undertaking is managed by the Mid-Northamptonshire Water Board, of which Northampton County Borough is a Constituent Authority.

The quality of the supply was satisfactory, and so also was the quantity, except insofar as certain restrictions had to be imposed on garden watering by means of hosepipes, etc., due to the unusually dry weather conditions experienced during the year.

The Water Board took for bacteriological examination, 93 samples of raw water and 227 samples after treatment, of the water going into supply. All these samples were satisfactory. 36 samples of water were taken for chemical analysis and copies of the results of typical chemical analyses from the Pitsford and Ravensthorpe reservoirs is shewn in Tables 27, 28, and 29.

Two samples of water for fluoride content were taken in the town from areas supplied by each of the two reservoirs and the subsequent analysis expressed in terms of fluoride in parts per million was 0.65 and 0.35 from Pitsford and Ravensthorpe respectively.

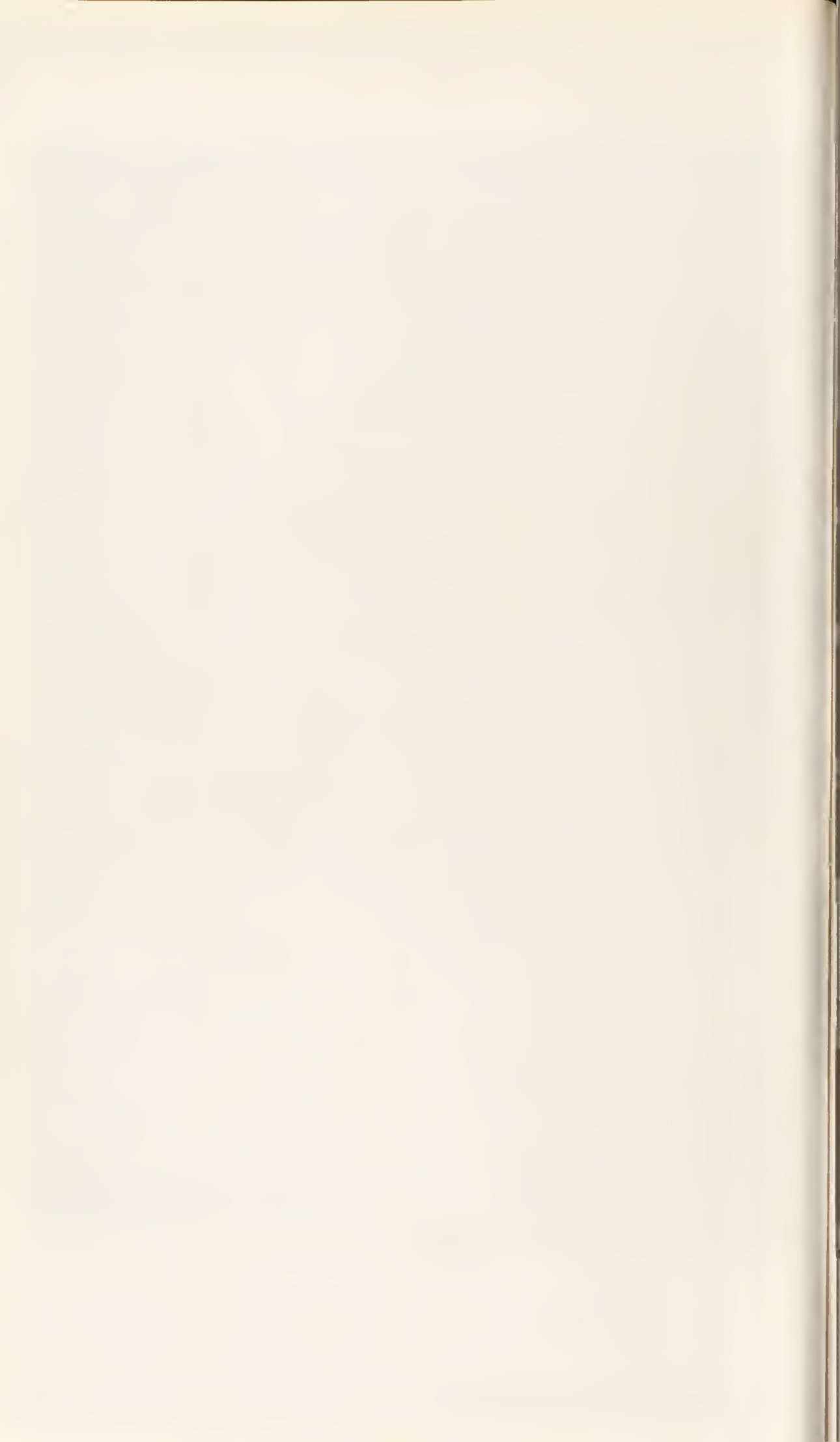
In addition, 61 samples were taken by the Water Board and 143 samples by ourselves from various points of supply within the County Borough and submitted for bacteriological examination. A satisfactory report was received in 132 cases. The eleven unsatisfactory samples were taken from wells at seven houses not supplied direct from the public mains. The bacteriological examination shewed the water to be highly polluted and notices were served under Section 138 of the Public Health Act, as amended, requiring the owners of the houses to provide a suitable water supply by connection to the public mains. This work will be completed early in 1966 and at that time it is estimated that there will be only three houses in the town which are not supplied directly from the public mains.

There are 40,996 dwellinghouses with a population of 120,410 in the Borough. It is known that there are ten houses with a population of 19 which are supplied from public water mains by standpipe only. It is regretted that completely accurate information with regard to the houses which were in the areas added to the Borough in April is not yet available. All the ten known houses are affected by immediate clearance area proposals.

The waters have no plumbo-solvent action.



OFFICES, SHOPS AND RAILWAY PREMISES ACT.—  
Approach to Basement Conveniences via External Staircase







OFFICES, SHOPS AND RAILWAY PREMISES ACT.—Actual conditions found on inspection





## *OFFICES, SHOPS AND RAILWAY PREMISES*

PART I—General report on administration of the Act.

PART II—Special Lighting report.

PART III—Tables 31, 32, and 33 in the Appendix.

### *Part I—General administration of the Act*

At the end of 1964 all the premises in the Borough at that time had been registered. In April, 1965, the Borough boundaries were extended and all affected premises were included in the Register. The registrations were scrutinised and as a result certain premises were found to be exempt and others transferred to H.M. Factory Inspector. This resulted in a slight reduction in the total number registered premises at the end of the year as compared to December, 1964.

Having established the organisation and completion of registration, detailed inspections of premises were commenced. All contraventions were notified in writing to the persons concerned and the following comments are made in respect of the conditions which were found. The figures in brackets indicate the number of premises where contraventions were found unless these are included in the text of the comment.

#### *Cleanliness (92 premises)*

These were primarily in the rear and upper floors of premises, particularly stairs, passages, stockrooms and workrooms. There were cases, however, of offices which were in a poor condition. In one instance a former butcher's establishment being used as offices, had not been cleaned and was in the same condition as when the previous occupier left the premises.

#### *Overcrowding*

There was only one case of serious overcrowding and this has now been abated. Nine cases of overcrowding in accordance with future statutory limits were found. A number of potential cases have been detected from deposited plans and these were rectified by the applicants.

#### *Temperature (123 premises)*

In the majority of cases these related to the provision of thermometers. One particular case, however, concerned a shop whose normal sales practice is to conduct the business with the double-doors between the foyer and the shop completely open. On several occasions the temperature in the shop at midday was below the required standard. It is not considered impracticable to achieve the required temperature because this has been effected in other similar shops by the provision of blow heaters over the open doors to provide a heat baffle.

#### *Ventilation (61 premises)*

Again it was found that in particular the basements, stockrooms and staffrooms were poor but there were cases of deep shop rooms where the ventilation at the rear was poor. Certain internal offices were found to have no means of ventilation.

#### *Lighting*

See separate report.

#### *Sanitary conveniences (119 premises)*

Generally it was found that the number of conveniences provided was adequate but it is regretted that the standard of cleanliness was poor. A number of disused

W.C.'s with no water seal was found and in one case basement conveniences provided for the use of both male and female occupiers and employees were in a deplorable state. A surface block of conveniences in the same curtilage was reasonably satisfactory, these were improved and the basement conveniences removed. In many cases it was found necessary to require the provision of intervening ventilated spaces and the removal of obstructions from the conveniences and their approaches.

#### *Washing Facilities (116 premises)*

It was found that the facilities provided have been adequate with the exception of the provision of hot water which has not been available in most cases other than in food shops. Again, the standard of cleanliness has not been good.

#### *Supply of Drinking Water*

This has not been a problem because in each case except in one multiple shop unit there has been mains water available to the washing facilities. In this individual instance suitable provision was required to 10 shops.

#### *Accommodation for Clothing (28 premises)*

Generally, suitable provisions had been made but in some cases this was not so and in others the facilities were badly placed on bends of stairs, etc. In a few instances it was necessary to require proper drying facilities.

#### *Sitting Facilities*

In 6 shops suitable seats were required.

#### *Seats for Sedentary Workers*

In 10 offices it was necessary to require improved seating arrangements.

#### *Eating Facilities*

In three shops these facilities were required.

#### *Floors, Passages and Stairs (128 premises)*

Without doubt this has proved one of the major problems. With regard to floors and passages there was a considerable number of worn, loose and holed floorboards and worn and torn floor coverings. Similarly, on stairs there were worn and defective stairs treads and coverings and a large number of handrails and balusters were either not provided or were ineffectual. It was also found that a high proportion of passages and stairs were obstructed to a major degree. One case in particular was in a butcher's shop where the only access to the W.C., washing facilities and stockrooms on the upper floors was by means of a vertical steel ladder on which was hung a large number of sharp meat hooks and other similar butcher's equipment.

#### *Fencing of Exposed parts of Machinery*

12 instances were found where machinery was not properly guarded.

#### *First Aid General Provisions (124 premises)*

In approximately 60% of these cases no provisions have been made, in the others this was one of inadequacy.

*Information for Employees (164 premises)*

All these cases required the provision and display of the necessary statutory information.

*General*

Details of premises and employees on the Register are given in tables 31 and 32.

*Staff*

Due to the shortage of Public Health Inspectors, an Offices and Shops Inspector was appointed during the year and took up his duties on the 1st May. Qualified Public Health Inspectors will continue to implement the provisions of this Act in all food premises, non-food premises will be mainly the responsibility of the Offices and Shops Inspector.

*Accidents*

67 accidents were reported during the year, none of which was fatal. The majority of these accidents occurred in shops and wholesale premises and the main causation was either handling heavy goods or slipping and falling. It was not found necessary to institute legal proceedings in any case.

*Conclusions*

This report must of necessity be in general terms. The conditions found in both shops and offices ranged from very satisfactory to poor and showed clearly that improvements are necessary particularly with regard to cleanliness, ventilation, sanitary conveniences, washing facilities and floors, passages and stairs.

*Photographs*

Photographs of some of the worst conditions found are included in the report.

*Part II—Special Report on Lighting Standards*

This report is in two parts.

- (i) General lighting conditions.
- (ii) Detailed information about premises inspected during the month of November, 1965—this information is contained in Table 33.

This section of the report deals in general terms with the conditions of lighting found in premises inspected during the last three months of 1965.

*General impression of standards of lighting*

Five banks, eleven offices (retail shops), four offices (warehouses), four offices (restaurants), one office (departmental store), six offices (food premises), seventeen other offices, 33 shops (non-food), 19 shops (food), one departmental store, three canteens, four restaurants and four warehouses, comprising a total of 112 premises, were surveyed and 1,223 meter readings taken. The light meter used was of well known manufacture and as an accuracy check this particular instrument was compared with two other instruments in use by other bodies. From the data obtained the following observations are made.

### *Natural Lighting*

It is quite obvious that many factors influence the amount of daylight in a particular room. In my opinion the readings obtained do not give any true indication and only general impressions are possible. It was found in the main that in modern office buildings natural light was satisfactory, but in older buildings and in particular converted buildings this was certainly not the case. In shops, natural light was satisfactory near the windows, but because of displays and in many cases the depth of the shop, natural light was generally unsatisfactory. In stock rooms, passages, workrooms and that of auxiliary rooms generally, natural lighting was poor. In all types of premises it was often necessary to supplement the natural lighting by artificial lighting during daylight. In my opinion the only constant is that of artificial light. Providing the artificial light is satisfactory then this can be dispensed with in periods of bright sunlight or other good natural conditions, but is absolutely necessary during dull periods and certainly in the longer hours of darkness.

### *Artificial Lighting*

In offices it was found that artificial lighting was generally reasonable in the offices themselves although this did vary in distribution and in some cases was poor. It was also apparent that stairs, passages and auxiliary rooms were normally of a poor standard.

In shops, the sales and display areas were generally good, but again stairs, passages, workrooms, stock rooms and auxiliary rooms were poor.

### *Examples of unsatisfactory lighting*

The causes of unsatisfactory lighting were common to all types of premises. These causes were mainly inadequacy and/or bad siting, but very often were a combination of the two. It is considered that lighting causing "glare" is unsatisfactory, but this will be dealt with in a subsequent section.

With regard to certain offices, lighting fitments were at ceiling level, in some cases more than 20 ft. high. This meant that at the working plane the light was inadequate and supplementary desk lighting had been provided but was not used because the staff complained of discomfort. This was satisfactorily overcome by dropping the lights to approximately 10 feet above ground level. In many offices, although the overall lighting was satisfactory, the desks were placed as to receive the minimum of light and the staff were in their own shadow. There were offices where low level fitments had been provided to the desks, but the overall illumination for other purposes such as filing, etc., was poor. There was one office where the intensity of the light was such that the overall illumination was in the region of 60 plus lumens per square foot and had been the subject of complaint by the staff.

In many corridors the only light was from a single low wattage filament bulb and shade, usually badly positioned at one end or the other. This resulted in most of the corridor being in darkness and in my opinion the position would not be resolved by replacing the existing bulb by one of greater strength. For example, in one corridor there was a 150 watt bulb giving a meter reading of 20 lumens per square foot directly beneath it, while at the other end of the corridor the reading was less than 5 lumens per square foot.

It was found that many stairs, particularly those which contained bends were practically in darkness either at the head or the foot depending on the proximity of a light source in the corridor or landing.



### *Specific standards*

In the absence of specific regulations it was decided to use the I.E.S. Code in giving advice to occupiers. It should be noted that in every case where discussions have taken place with engineers and contractors on site, and meter readings taken at the time, that this standard has been accepted without question as being a reasonable one. It is satisfying to point out that in carrying out the lighting survey, daylight readings were taken first and then the same premises revisited after dark at a later day in the month. In quite a number of instances the advice given had already been acted on, and the artificial readings then obtained were in accordance with the I.E.S. Code. The important point is that in every case the occupiers and staff were delighted with the improved lighting and expressed complete agreement with the standards recommended.

### *Excessive glare*

We adopted the definition of "glare" as being any direct light source within the field of vision at the working plane and within close proximity, or indirect glare from polished surfaces. The standards adopted for assessing whether glare did in fact exist were two-fold—(1) expression of discomfort by the staff and (2) direct observation. Instances of direct glare were found (a) in a shop where all the shades to the fluorescent fittings at a height of seven foot above floor level directed the light into the room parallel to the floor. The effect was overpowering but the occupier has accepted our advice, agreed with the comments made and is in fact going to resite the fittings and properly shade them; (b) in one large office with single pendent fittings over each desk, the staff complained of discomfort from the light in their direct line of vision which was sited two desks distance away; and (c) low desk lights where the exposed bulb is directly in the field of vision. Indirect glare occurred mainly on typewriter keys or similar office machinery.

### *Conclusions*

- (1) I.E.S. Code has been accepted as a reasonable standard by occupiers.
- (2) Complaints have been made where the readings on desks were less than 20 lumens per square foot.
- (3) There should be a satisfactory overall illumination to give proper lighting on all working planes with suitable increased lighting for special purposes such as architects' drawing boards, etc.
- (4) Desks and other instruments should be properly sited in relation to the light source.
- (5) Suitable steps should be taken to eliminate glare.
- (6) It was found that most complaints concerning fluorescent fittings related to those emitting a cold, brilliant, white light.
- (7) There may be special circumstances where—
  - (i) a lower standard could be accepted such as photographers' darkrooms, or restaurants where a feature of the establishment is low lighting, and
  - (ii) increased lighting is needed for example (a) on stairs, which are constantly being used especially for the carrying of goods and (b) near dangerous machinery.

In my opinion if such discretionary powers were given to the inspectors an adequate minimum lighting standard could be formulated.



### *DRAINAGE AND SEWERAGE*

Chiefly as a result of rat complaints, existing drains are tested and repaired under the supervision of the district public health inspectors, new drainage and reconstructions being the responsibility of the Borough Engineer, as is sewage disposal.

There are still a few properties on the outskirts of the County Borough not connected to the main sewerage system.

It is estimated that there are over 7,000 dwellinghouses with non-flush closets in the County Borough.

#### *Sewage Disposal*

The purification works at Great Billing is producing an effluent of reasonable standard and plans are being prepared for the extensions necessitated by the proposed Town Expansion.

#### *Sewerage*

A survey of the whole sewerage system of the town has been recently completed and a programme prepared for replacements and renewals. Consultants have been engaged to prepare plans for two of the more urgent schemes. (a) Kingsthorpe Hollow and (b) St. James' drainage area, of which (a) was deferred by the Ministry of Housing and Local Government in January, 1966, under the restriction on capital expenditure drive.

In view of the extreme age of most sewers in the Central area, phased replacement in redevelopment areas and during road reconstruction works is of first priority.

Subject to the above provisos, sewerage arrangements in the district are reasonably adequate.

#### *Public Cleansing*

This continues to be efficiently carried out under the direction of the Borough Engineer. Collections of household refuse and salvage are made twice weekly.

Dustbins are provided by the Local Authority for the use of householders, free of charge, under Section 75 (3) of the Public Health Act, 1936.

#### *Smoke Abatement and Atmospheric Pollution*

During the past year it has not proved necessary to take any formal action in respect of the emission of dark smoke or grit. As the occasion demanded, visits were made to various industrial premises and improvement effected by interviews and discussions with the management and their employees about their problems. Advice was offered and accepted. Installation of mechanical stokers in connection with the burning of bituminous fuel and conversion of plant for the burning of oil have greatly assisted in the reduction of smoke emitted to the atmosphere.

Eight plans deposited with the building inspector, giving information of intended installation of new fuel burning appliances in connection with industrial premises, have been examined.

A large percentage of the smoke emitted to the atmosphere during the winter months is from domestic appliances and will so continue until effectually controlled.

A daily SO<sub>2</sub>/smoke recorder has been installed in the Health Department and it is hoped to complete the installation of four more recorders in various parts of the town in the early part of next year.

### *Swimming Baths*

Northampton has adequate swimming facilities, both indoor and open-air. The Public Baths, Upper Mounts, is a modern establishment, whilst the open-air swimming pool, known as Midsummer Meadow Baths, is a large sheet of water with pleasant surroundings.

The method of treatment at the Upper Mounts (indoor) Baths is by pressure sand filters with a turnover period of three hours with chlorination and chemical treatment. At the Midsummer Meadow (open-air) Baths, heated water from the nearby Electricity Power Station is drawn through a Micro Strainer giving an approximate turnover period of twelve hours; chlorination and chemical treatment is also adopted.

There is also an indoor bath at Barry Road School and private open-air baths at the Town and County Grammar School for Boys, Weston Favell Secondary Modern School and Eldean County Primary School.

### *Disinfestation Service*

Insect problems of all types are dealt with by the Municipal Disinfestation Service. Gammexane, D.D.T. and other compositions are used and applied by a 30 lb. pressure spray and powder blower. Bedding, etc., is dealt with in a steam disinfector.

All treatments carried out in dwellinghouses are free of charge. Treatment of business premises is carried out by contract or after survey and estimate of cost has been prepared for special solutions which may have to be purchased or made up to deal with the particular problem.

During 1965, infestations of bed bugs were found in three privately owned houses, two of which related to tenants prior to removal to a Council house. The work of disinfestation is carried out by the disinfestation officer under the supervision of the public health inspectors and remedial measures are explained to tenants when premises are treated so as to prevent re-infestation.

### *Factories*

Table 30, in the Appendix, gives particulars of premises on the register and work done under the Factories Act, 1937, in the form prescribed by the Ministry of Labour.

### *Offensive Trades*

At the end of December, 1965, there were three names on the list of proprietors of offensive trades (Section 107, Public Health Act, 1936).

### *Tents, Vans, Sheds, etc.*

There are no licensed sites in the County Borough. The only problem which arises from time to time is that created by scrap dealers and others who live in caravans and park on vacant land.

### *Rag Flock and Other Filling Materials*

No flock is manufactured in Northampton, but eleven premises where flock is used are registered under the Rag Flock and Other Filling Materials Act, 1951. No samples were taken.

### *Pet Animals*

Eleven shops or stalls were licensed as pet shops. Each licence specifically states the types of animals allowed to be sold. The premises were visited by the public health inspectors and reported on regarding accommodation and general welfare of the animals.

*Rodent Control*

Two full-time rodent operatives work under my supervision. Their advice and help are at the service of the occupier of any dwellinghouse or business premises, free of charge.

Only poisons approved by the Ministry of Agriculture, Fisheries and Food are used.

2,484 visits were made by the rodent operatives in addition to 169 visits by public health inspectors.

Table 34, in the Appendix, gives details of this work.

*Noise Abatement*

Only isolated complaints were received during the year of nuisances occurring under the Noise Abatement Act, 1960. These were either dealt with informally or the persons making the complaint were advised to take independent action where an inspector was unable to prove that a nuisance did exist.

TABLE 22

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	CATTLE EXCLUD- ING COWS	COWS	CALVES	SHEEP AND LAMBS	PIGS	HORSES	TOTALS
Number killed	4,875	702	446	21,335	20,543	—	47,901
Number inspected ...	4,875	702	446	21,335	20,543	—	47,901
<i>All diseases except Tuberculosis and Cysticerci :—</i>							
Whole carcasses condemned	8	11	3	28	15	—	65
Carcasses of which some part or organ was condemned .....	554	23	21	417	1,771	—	2,786
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci .....	11.5	4.8	5.4	2.1	8.7	—	5.7

TABLE 22—continued

	CATTLE EXCLUD- ING COWS	COWS	CALVES	SHEEP AND LAMBS	PIGS	HORSES	TOTALS
<i>Tuberculosis</i> only :— Whole carcasses condemned	1	—	—	—	—	—	1
Carcases of which some part or organ was condem- ned .....	21	4	3	—	104	—	132
Percentage of the number inspected af- fected with Tuberculosis	0.45	0.6	0.7	—	0.5	—	0.28
<i>Cysticercosis</i> :— Carcases of which some part or organ was condem- ned .....	26	2	—	6	—	—	34
Carcases sub- mitted to treatment by refrigeration	26	2	—	—	—	—	28
Generalised and totally con- demned .....	—	—	—	—	—	—	—

TABLE 23  
FOOD HYGIENE (GENERAL) REGULATIONS, 1960  
DETAILS OF PREMISES BY MAIN TRADE

Food factories .....	23
Chemists .....	32
Licenced premises .....	157
Sweet shops .....	90
Fish shops .....	53
Bakers and confectioners .....	66
Cafés and canteens .....	101
Butchers .....	123
Greengrocers and fruiterers .....	74
Grocers .....	360
Dairies .....	2
Total .....	<hr/> 1,081 <hr/>

A survey of all shops in the Borough has been completed and accurate information obtained with regard to the numbers and types of premises.

It is regretted that due to shortage of staff in past years, accurate information with regard to the number of premises which comply fully with the above Regulations is not yet available.



TABLE 24  
FOOD AND DRUGS  
SAMPLES TAKEN FOR ANALYSIS

Nature of Sample	Formal		Informal	
	Total number	No. not genuine	Total number	No. not genuine
Butter .....	—	—	1	—
Cheese .....	—	—	8	1
Cheese, Processed .....	—	—	2	—
Chocolate Spread .....	—	—	1	—
Coffee Mate .....	—	—	1	—
Colourings .....	—	—	3	—
Condiments .....	—	—	7	—
Confectionery .....	—	—	16	—
Cream .....	—	—	5	—
Curries, Canned .....	—	—	3	—
Curry Powder .....	—	—	2	—
Dairy Topping .....	—	—	1	—
Drinking Chocolate .....	—	—	1	—
Drugs, Pastilles, etc. ....	—	—	11	—
Fish, Canned .....	—	—	1	—
Fish, Fish Cakes .....	—	—	4	—
Fruit, Canned .....	—	—	2	—
Fruit Juices, Canned .....	—	—	4	—
Gelatine .....	—	—	3	—
Honey .....	—	—	1	—
Ice Cream .....	—	—	1	—
Ice Cream Powder .....	—	—	2	—
Jellies .....	—	—	4	—
Lolly Mix .....	—	—	1	—
Margarine .....	—	—	6	—
Meat, Canned .....	—	—	9	—
Meat, Fresh, Minced, Potted ....	—	—	7	—
Meat Pies, Puddings .....	—	—	17	—
Milk .....	89	—	—	—
Milk, Instant .....	—	—	1	—
Milk, Condensed, Evaporated ..	—	—	3	—
Milk Shake Syrup .....	—	—	1	—
Mincemeat .....	—	—	2	—
Pale Ale .....	—	—	1	—
Pastes, Meat, Fish .....	—	—	14	—
Pectin, Liquid Fruit .....	—	—	1	—
Potato, Instant Mashed .....	—	—	1	—
Preserves .....	—	—	4	—
Rice .....	—	—	1	—
Salad Cream .....	—	—	1	—
Sauces .....	—	—	1	—
Sausages .....	—	—	10	—
Soft Drinks .....	—	—	4	—
Soups .....	—	—	6	—
Spirits .....	4	—	—	—
Suet .....	—	—	1	—
Vegetables, Canned, Dried .....	—	—	3	—
Vinegar, Malt .....	—	—	4	—
Whole Wheat Bread .....	—	—	1	—
Totals .....	93	—	184	1

TABLE 25  
UN SOUND FOOD VOLUNTARILY SURRENDERED

NATURE OF FOOD	WEIGHT			
	TONS	CWT.	QR.	LB.
Beef, home killed .....	4	5	0	8
Mutton, home killed .....	—	12	1	15
Offal, home killed .....	13	12	3	12
Pork, home killed .....	2	4	2	13
Veal, home killed .....	—	2	2	16
TOTAL .....	20	17	2	8

13,814 tins, jars and packets of food were also surrendered.  
1,856 surrender notes were issued in connection with the above unsound food.  
There were no seizures.

TABLE 26

## SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS

NATURE OF VISIT, INSPECTION, ETC.	Number of Visits, etc.
<i>General Sanitation</i>	
Water supply .....	147
Drainage .....	2177
Stables and piggeries, etc. ....	25
Offensive trades .....	8
Houses let in lodgings .....	41
Tents, vans, sheds, etc. ....	0
Factories .....	44
Workplaces .....	1
Outworkers .....	3
Public conveniences .....	2
Cinemas, theatres, etc. ....	1
Accumulations of refuse, etc. ....	35
Rodent control .....	169
Smoke abatement .....	91
Schools .....	4
Offices and Shops .....	862
Canal boats .....	0
Miscellaneous sanitary visits .....	2591
Pet animals .....	17
Noise abatement .....	28
<i>Housing</i>	
Under Public Health Acts :—	
Houses inspected .....	584
Revisits .....	702
Under Housing Acts :—	
Houses inspected .....	3209
Revisits .....	1171
Under Rent Act, 1957:—	
Houses inspected .....	2
Revisits .....	2
Overcrowding :—	
Houses inspected .....	26
Revisits .....	8
New cases of overcrowding discovered .....	4
<i>Disinfestation</i>	
Verminous houses treated .....	3
Revisits to above houses .....	6
<i>Notifiable Diseases</i>	
Inquiries into cases .....	27
Revisits .....	14

Continued on next page.

TABLE 26—continued

NATURE OF VISIT, INSPECTION, ETC.	Number of Visits, etc.
<i>Meat and Food Inspection</i>	
Inspection of meat and food :—	
Visits to slaughterhouses .....	1271
Visits to shops and stalls .....	348
Visits to other premises .....	79
Visits to :—	
Restaurants, canteens, etc. ....	157
Licensed premises .....	27
Ice cream premises .....	16
Food preparing premises .....	5
Market stalls .....	4
Dairies and milk distributors .....	18
Fried fish shops .....	3
Bakehouses .....	16
Street vendors and hawkers .....	6
Retail Shops .....	351
Miscellaneous food visits .....	5
Diseases of Animals (Waste Foods) Order, 1957 .....	0
Seizure certificates issued .....	0
Surrender notes issued .....	1856
<i>Samples Taken</i>	
Food and drugs .....	189
Milk (Statutory tests) .....	223
Milk for tubercle bacilli .....	0
Ice cream .....	0
Other food for bacteriological examination .....	9
Swabs of equipment in food premises .....	0
Fertilisers and feeding stuffs .....	0
Swimming bath water .....	2
Water from Town mains .....	132
Water from wells, etc. ....	11
<i>Notices Served</i>	
Informal notices :—	
Served .....	335
Complied with .....	201
Outstanding at end of year .....	200
Statutory notices :—	
Served .....	65
Complied with .....	150
Outstanding at end of year .....	18
<i>Summary</i>	
Total number of inspections and visits .....	15223



TABLE 27

MID-NORTHAMPTONSHIRE WATER BOARD  
PITSFORD PUMPING STATION  
RAW WATER

CHEMICAL RESULTS IN PARTS PER MILLION (Mg./L.)

Slight opalescence with a yellow-brown deposit and crustacea.

Microscopic examination: mineral and organic matter, large number of diatoms and chlorophyceae.

Turbidity (A.P.H.A. units) . . . . .	10	Odour . . . . .	slightly earthy
Colour (Hazen) . . . . .	20 filtered	Free Carbon Dioxide . . . . .	4
pH . . . . .	7.8	Dissolved Solids dried at 180°C. .	445
Electric Conductivity . . . . .	620		
(Reciprocal Megohms per cm.)			
Chlorine present as Chloride . . . . .	55	Alkalinity as Calcium Carbonate .	145
Hardness: Total . . . . .	290	Carbonate . . . . .	145
		Non-carbonate . . . . .	145
Nitrate Nitrogen . . . . .	2.1	Nitrite Nitrogen . . . . .	approx. 0.01
Ammoniacal Nitrogen . . . . .	0.33	Oxygen Absorbed . . . . .	2.4
Albuminoid Nitrogen . . . . .	0.22	Residual Chlorine . . . . .	Nil
Metals—Iron: 0.40			
Manganese: 0.44			
Zinc, Copper and Lead: absent			

BACTERIOLOGICAL RESULTS

		1 day at 37°C	2 days at 37°C	3 days at 20—22°C
Number of colonies developing on Agar		25 per ml	48 per ml	80 per ml
	Present in	Absent from	Most probable number	
Presumptive Coliform reaction	10* ml	1 ml	25 per 100 ml	
Bact. coli. (Type 1)	100 ml	50 ml	1 per 100 ml	
Cl. welchii reaction	100 ml	10 ml		
*Intermediate I & II				
Calcium (Ca): 100				
Magnesium (Mg):	9.7			
Silica: 4				

This sample is slightly opalescent in appearance with a deposit, the turbidity being noticeable. It has a reaction on the alkaline side of neutrality and contains a trace of iron and an appreciable trace of manganese. The water is hard in character but contains no excess of mineral or saline constituents in solution. It shows noticeable colour but is of satisfactory organic quality. The bacterial impurity is slight for a surface water.

TABLE 28

## MID-NORTHAMPTONSHIRE WATER BOARD

## PITSFORD PUMPING STATION

## FINAL WATER TAP IN CHLORINATOR ROOM

## CHEMICAL RESULTS IN PARTS PER MILLION (Mg./L.)

Faint opalescence with a few particles.

Turbidity (A.P.H.A. units) . . . . .	4	Odour . . . . .	faintly chlorinous
Colour (Hazen) . . . . .	10 filtered	Free Carbon Dioxide . . . . .	6
pH . . . . .	7.8	Dissolved Solids dried at 180°C . .	500
Electric Conductivity . . . . .	700		
(Reciprocal Megohms per cm).			
Chlorine present as Chloride . . . . .	59	Alkalinity as Calcium Carbonate	175
Hardness: Total . . . . .	215	Carbonate . . . . .	175
		Non-carbonate . . . . .	40
Nitrate Nitrogen . . . . .	2.5	Nitrite Nitrogen . . . . .	absent
Ammoniacal Nitrogen . . . . .	0.05	Oxygen Absorbed . . . . .	1.5
Albuminoid Nitrogen . . . . .	0.15	Residual Chlorine . . . . .	0.80 at sampling
Metals—Manganese: 0.05			
Iron, Zinc, Copper & Lead: absent			

## BACTERIOLOGICAL RESULTS

		1 day at 37°C	2 days at 37°C	3 days at 20—22°C
Number of colonies developing on Agar		1 per ml	3 per ml	3 per ml
	Present in	Absent from	Most probable number	
Presumptive Coliform reaction	—	100 ml	0 per 100 ml	
Bact. coli. (Type 1)	—	100 ml	0 per 100 ml	
Cl. welchii reaction	—	100 ml		
Calcium (Ca): 72				
Magnesium (Mg): 8.7				
Silica: 7				

This sample is faintly opalescent in appearance, the turbidity being just noticeable. It has a reaction on the alkaline side of neutrality and is free from metals apart from a minute trace of manganese. The water is hard but not unduly so and contains no excess of minerals or saline constituents in solution. It shows only a trace of colour and is of satisfactory organic quality. It is of the highest standard of bacterial purity

TABLE 29

MID-NORTHAMPTONSHIRE WATER BOARD  
 RAVENSTHORPE AND HOLLOWELL RAW WATER  
 FILTER HOUSE, RAVENSTHORPE  
 (AFTER HEAVY RAINS)

Appearance.....	Practically colourless with some light suspended matter	
Odour.....	None	Colour (A.P.H.A. units) .....10
Turbidity.....	10	pH Value .....7.5
Acidity to pH 8.3 .....	12	Alkalinity to pH 4.3 .....
Total Hardness.....	208	Non-Carbonate Hardness .....
Calcium.....	181	Magnesium .....
Calculated pHs .....	7.7	Saturation Index .....
Iron—total (Fe).....	0.1	Iron—in filtered sample (Fe) .....
Manganese—total .....	0.3	Manganese—in filtered sample ..
Chloride .....	32	

TABLE 30

## ADMINISTRATION OF THE FACTORIES ACT, 1937

1.—*Inspections made by the Public Health Inspectors for purposes of provisions as to health*

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
Factories in which Sections 1, 2, 3, 4, and 6 are enforced by the Local Authority ...	38	1	—	—
Factories not included above in which Section 7 is enforced by the Local Authority .....	695	44	—	—
Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises, but including electrical stations, institutions, and sites of building operations and works of engineering construction) .....	1	1	—	—
TOTALS .....	734	46	—	—

TABLE 30—continued

## 2.—Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4) .....	3	3	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	1	1	—	—	—
(b) Unsuitable or defective .....	8	8	—	4	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .....	—	—	—	—	—
TOTALS .....	12	12	—	4	—

## 3.—Outwork (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list	Cases of default in sending lists	Prosecutions for failure to supply lists	Instances of work in unwholesome premises	Notices served	Prosecutions
Making, etc., of wearing apparel	74	—	—	—	—	—
TOTALS .....	74	—	—	—	—	—



## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE 31

## REGISTRATIONS AND GENERAL INSPECTIONS

(1) Class of Premises	(2) No. of premises registered during year	(3) Total No. of registered premises at end of year	(4) No. of registered premises receiving a general inspection during the year
Offices	53	620	59
Retail shops	69	923	247
Wholesale shops, warehouses	10	122	8
Catering establishments and canteens	14	123	32
Fuel storage depots	—	4	—

Visits of all kinds by Inspectors to Registered Premises 862  
 No. of exemptions Nil

TABLE 32

## ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

(1) Class of Workplace	(2) No. of Persons Employed
Offices	5,665
Retail shops	5,171
Wholesale departments	1,416
Catering establishments	1,205
Canteens	91
Fuel storage depots	26
Total	13,574
Total males	6,109
Total females	7,465

Prosecutions Nil  
 No. of Inspectors appointed under Section 52 of the Act 9  
 No. of other staff employed for most of their time on work in  
 connection with the Act Nil

TABLE 33  
STANDARDS OF LIGHTING

Class of Premises	No. of Premises Surveyed	No. of Meter Readings Taken	Meter Readings of Daylight No. of Readings found to be					Meter Readings of Artificial Light No. of Readings found to be					Cases of Excess Glare Observed
			0-5	6-10	11-15	16-25	26+	0-5	6-10	11-15	16-25	26+	
Banks .....	2	28	—	—	—	—	—	4	4	3	7	10	4
Offices (In Retail Shops) .....	4	35	1	1	—	—	—	2	4	2	6	19	2
Offices (In Warehouses) .....	2	17	—	1	1	2	4	—	1	—	1	7	—
Offices (In Departmental Stores)	1	5	—	—	—	—	—	—	—	—	2	3	—
Offices (In Food Premises) .....	3	11	—	—	1	—	—	—	—	5	4	1	3
Offices (Others) .....	11	148	25	11	4	7	3	9	12	9	42	36	6
Shops (Non-Food) .....	26	232	59	14	1	2	2	21	28	21	38	36	—
Shops (Food Premises) .....	22	208	51	17	2	9	—	20	36	11	31	31	1
Departmental Store .....	1	14	—	—	—	—	—	5	2	—	3	4	—
Canteen .....	3	15	—	—	—	—	—	2	4	3	4	2	—
Restaurant .....	2	37	7	2	2	—	—	7	12	4	3	—	—
Warehouse .....	2	13	—	—	—	—	—	2	1	—	3	7	—
TOTALS .....	79	763	143	46	11	20	9	72	104	58	144	156	16

TABLE 34  
*PREVENTION OF DAMAGE BY PESTS ACT, 1949*

	TYPE OF PROPERTY			
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business) Premises	(4) Total
Total number of prop- erties inspected as a result of notification	26	432	112	570
Number of such prop- erties found to be infested by:—				
Rats	3	289	17	309
Mice	2	92	8	102
Total inspections carried out—including re-inspections	74	1,888	522	2,484
Number of infested prop- erties treated	5	397	26	428
Total treatments carried out—including re-treatments	13	1,230	143	1,386

# DOMICILIARY & OTHER SERVICES

## TREATMENT CENTRES AND CLINICS

A list is given below of clinics, etc., in Northampton County Borough on 31st December, 1965:—

### DENTAL CLINIC

School Clinic, King Street. By appointment.

### EYE CLINIC

School Clinic, King Street. By appointment.

### \* ORTHOPTIC CLINIC

Northampton General Hospital. School cases referred by Ophthalmic Surgeon.

### \* EAR, NOSE AND THROAT CLINIC

Northampton General Hospital. By appointment.

### \* ORTHOPAEDIC CLINIC

Northampton General Hospital. By appointment.

### SPEECH CLINIC

28 Billing Road. By appointment.

### CHILD GUIDANCE CLINIC

28 Billing Road. By appointment.

### \* CHEST CLINIC (TUBERCULOSIS)

Chest Clinic, 11 St. Matthew's Parade.

Routine sessions: Tuesdays, Wednesdays and Fridays from 9 a.m. to 12.30 p.m. and 2 to 4 p.m. and Mondays from 2 to 4 p.m.

Session for workers: Mondays from 5.30 to 7 p.m.

Sessions for diagnosis cases: Tuesdays, Wednesdays and Fridays from 9 a.m. to 12.30 p.m.

Sessions for contacts, etc.: Tuesdays, Wednesdays and Fridays from 2 to 4 p.m.

Sessions for B.C.G. Vaccinations: Fridays from 2 to 4 p.m.

Sessions for miniature X-ray examination (to which any member of the public can be admitted):—

Tuesdays, 11.15 a.m. to 12.15 p.m.

Wednesdays, 6 to 7.30 p.m.

Fridays, 9 to 10 a.m.

Domiciliary visits: By arrangement with the Consultant Chest Physician.

### \* VENEREAL DISEASES

Treatment Centre, Northampton General Hospital.

Males—Wednesdays 2 to 3 p.m.; Fridays 5 to 6.30 p.m.

Females—Mondays 5.15 to 6.30 p.m.; Fridays 2.15 to 3.30 p.m.

\* Clinics under the control of the Northampton and District Hospital Management Committee.

### HOME NURSING

This service is provided by the Northampton Branch of the Queen's Institute of District Nursing on behalf of the Council under Section 25 of the National Health Service Act, 1946. There were 11 whole-time and 9 part-time nurses on the staff at the end of the year.

Total number of cases . . . . .	991
Total number of visits by nurses . . . . .	46,649
Number of injections given . . . . .	14,165
Number of visits to persons over 65 years of age . . . . .	32,411
Number of visits to children aged five years and under . . . . .	184

### HEALTH EDUCATION

#### *Food Hygiene*

Five complete courses on food hygiene, as recommended by the Royal Institute of Public Health and Hygiene, were organised at the College of Technology or in this Department. The success of these courses was indicated by the large number of food handlers who attended and were subsequently successful in obtaining the Certificate of Food Hygiene.

#### *Smoking and Lung Cancer*

Two films, purchased by the Education Committee, concerning the relationship between lung cancer and smoking, were shown at a number of Secondary Schools. During the year, a speaker from the Cancer Information Association, Oxford, addressed a ladies' group on the general topic of cancer prevention.

#### *Mental Health*

One of the school medical officers partook in a Church Study Group to ascertain the greatest contribution the church could make in the mental health field.

#### *In-service Training*

In January, 1965, a series of fourteen weekly lectures commenced, which dealt with the very important subject of "Early Emotional Development and Human Behaviour." These talks were supplemented by suitable films from the Central Film Library, the Tavistock Institute and the Office of Social Affairs United Nations, Geneva. The course was attended by members of the County Borough and County Council Health and Welfare departments.

#### *Venereal Disease*

The dangers of venereal disease were stressed by the medical officers of the department in their sex biology lectures to school leavers. Notices continued to be displayed, in suitable places, informing the public where treatment for these particular diseases can be obtained.

#### *General*

Mothers attending Child Welfare Clinics were instructed and advised by doctors and health visitors of the Health Department on a variety of health subjects. Flannel-graphs and posters on health topics are displayed at the Infant Welfare Centres. During the year, talks were given by doctors, public health nurses and public health inspectors to various groups of the public on topics pertinent to the health of the community, and on various aspects of the work of the Department.



### CHIROPODY

Chiropody services for the aged are essential if serious attempts are to be made to keep the ageing population mobile. Professor R. C. Wofinden, in his Annual Report for 1951, gives the following graphic description:—

“Many old people are known to be crippled by corns, callouses, bunions and long toe nails which they cannot reach to cut. Some of these nails are over 1" long. The feet become distorted and to avoid some of the pain they walk on the sides of their feet. Eventually, however, it becomes such that walking becomes impossible and, as an easy way out of the difficulty, the patient becomes either bedfast or housefast. It is essential that there should be a local chiropody service for the aged and a clinic at which they could attend for treatment before crippling occurs. Many people believe that some of the ailments old people suffer from are due to the crippling conditions of their feet.”

In March, 1959, the Minister announced that he was prepared to approve proposals by Local Health Authorities who wished to establish chiropody services as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946. The Minister suggested that at least in the early stages priority should be given to the elderly, physically handicapped and expectant mothers. Accordingly, representatives of this Department met the Northampton Old People's Voluntary Welfare Committee and it was agreed that this Committee should provide the service on an agency basis for the County Borough. However, the service was restricted to the elderly with limited means and to expectant mothers and limited to four treatments per year.

Nevertheless, it has gradually expanded, as the following table illustrates:—

<i>Year</i>	<i>Number of Elderly Persons Treated</i>
1961	736
1962	785
1963	786
1964	880
1965	1,000

The Ministry considered it appropriate for Health Authorities to make charges for the service and the following financial arrangements were in operation on 31st December, 1965:—

The Chiropodist's fee is 9s. 0d. per treatment at the surgery, the recipient paying 3s. 0d. and the Local Authority the remaining 6s. 0d. Domiciliary treatment costs 15s. 0d., the patient paying 5s. 0d. and the Authority 10s. 0d.

During the year the Health Committee approved the extension of this service to include physically handicapped persons and to remove the restriction on income and the limitation to four treatments per year. It is planned that these changes will come into operation on 1st April, 1966.

Many Chiropodists feel that a general practitioner's certificate is desirable in the first instance in order to ensure that there is no underlying pathology. In view of the pressure upon general practitioners for different certificates, the merits of this practice are questionable.

Chiropodists employed in Local Authority Schemes must possess one or other of the qualifications as stated in Section 3 of the National Health Service (Medical Auxiliary) Regulations, 1954.

A serious obstacle to expanding this service is the national shortage of properly qualified chiropodists. It is hoped that chiropodists will be directly employed by the authority when the multi-purpose clinics materialise.

### *Ambulance Service*

This service is undertaken on behalf of the Health Committee by the Watch and Fire Service Committee and the officer in charge is the Chief Fire Officer. The service covers infectious disease cases as well as general ambulance work and accidents and the following summarises the work carried out:—

	AMBULANCES	CARS	TOTALS
Vehicles on 31/12/65 .....	11	1	12
Journeys .....	13,512	10,032	23,604
Patients carried .....	24,452	21,279	45,731
Accidents and other emergency journeys included above .....	1,236	214	1,510
Total mileage .....	82,979	75,987	158,966

Of the total mileage of 158,966, journeys within the County Borough amounted to 106,375 miles and those to destinations outside to 52,591. There were 449 journeys of 50 miles or more which accounted for 44,089 miles of the 52,591.

The 1965 mileage of 158,966 compared with 160,146 in 1964.

The average monthly mileage in 1965 was 13,249, compared with 13,345 in 1964.

On 31st December, 1965, the paid whole-time drivers and attendants numbered 20, plus one Ambulance Station Officer.

Four of the eleven ambulances mentioned above can be used either as ambulances or as sitting case cars.

Whenever possible, railway facilities were used for the longer journeys. There were 55 such journeys in 1965, totalling 5,215 miles.

There were 473 persons conveyed by motor ambulance or sitting case car at the request of the Ministry of Pensions or the Ministry of Health to artificial limb and appliance centres, mainly at Leicester, involving 107 journeys and a mileage of 7,168.

### *Convalescence*

In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, five persons each received recuperative convalescence for two weeks. They were assessed to contribute towards the cost according to their means. Cases were sent to the following homes:—

Lloyd Memorial Convalescent Home, Deal .....	2
Ascot House, Brighton .....	2
St. John's Convalescent Home .....	1

### *Nursing Homes*

On 31st December, 1965, six nursing homes were on the register kept under Section 187 of the Public Health Act, 1936, viz.:—

HOME	REGISTERED FOR
St. Matthew's Nursing Home, 29/31 St. Matthew's Parade	22 patients (not more than 4 to be maternity cases)
London Adoption Society, " Elmleigh," 114 Harlestone Road	16 maternity patients
" Parkdale " Nursing Home, 475/477 Wellingborough Road	14 patients
Abington Park Nursing Home, 435/437 Wellingborough Road	12 patients
St. Saviour's Home, 103 Harlestone Road	17 maternity patients
Silver Birches Maternity Home, 4 The Drive	9 maternity patients

*HELP*  
**DOMESTIC HEALTH SERVICE**

During the year, the number of home helps employed increased from 74 at 31st December, 1964, to 93 at 31st December, 1965. This increase is largely accounted for by the 16 home helps taken over from the County Council when the Borough boundary was extended on the 1st April, 1965.

It is still extremely difficult to recruit home helps. At the beginning of April a request was made to the local Employment Exchange asking for suitable applicants, only 5 were sent for interview and of these, only 3 proved to be suitable.

Most householders now accept the fact that there is a waiting time before help can be provided and are prepared to wait. Unfortunately in the less urgent cases this waiting time can run into months due to shortage of staff and the heavy demands on the service.

The extension to the Borough boundary has made considerably more work and on occasions it has proved very difficult to get replacement home helps in the extended area. Most of the cases taken into the Borough have continued to receive help on the same basis as they received help from the County Council.

During the year, a scheme was introduced to deal with really dirty homes, using volunteer home helps for this type of work. These helps are paid an extra 2s. 0d. per hour. On four occasions this scheme was used and proved to be most beneficial. The following is one illustration of the volume of rubbish accumulated in a small flat. The flat consisted of a sitting room, bedroom, bathroom and kitchen, from which thirty sacks and fifteen large cartons of rubbish were taken away. Most of the furniture was broken and filthy—this was also taken away and replaced with furniture from the welfare store. The transformation of this flat in just two days was most rewarding and the elderly couple were delighted with the results. With the assistance of home help twice weekly they continued to keep the flat very clean and tidy.

The following information relates to the work of the Domestic Help Service during 1964 and 1965:—

		31-12-65	31-12-64
<i>Administrative staff</i>			
Organiser .....	1		
Clerk .....	1		
		Total	
		2	2
<i>Home Helps employed</i>			
Whole time (permanent staff)	4		
Part time (temporary staff) ..	89		
		Total	
		93	74
<i>Cases helped</i>			
Maternity .....	64		
Tuberculosis .....	1		
Chronic sick (including aged and infirm) .....	459		
Acute illness and others ....	56		
Registered blind .....	27		
		Total	
		607	537
Cases where no help was available		10	27
Visits by Organiser .....		348	387

## WELFARE

*Miss V. M. Harrison, A.I.S.W.*

*Welfare Officer*

The volume of work in the Welfare Department continues to increase as the services expand and become better known.

Although there is no obligation under the National Assistance Act, 1948, to visit elderly persons in their homes, quite a proportion of three Welfare Officers' time is spent in answering emergency calls and doing follow-up visits to elderly people. This is often to the detriment of visiting the physically handicapped, to whom there is a statutory responsibility. Regular visiting of the handicapped shows that quite often there are problems which are at first not apparent because they do not so often present a crisis situation.

With the increasing number of new projects—the extension of “Lalgates” Old Persons' Home; the erection of the Centre for the Physically Handicapped; the provision of two special flats for physically handicapped persons; the arranging of the holiday for physically handicapped and the provision of a flat for the Superintendent of “Barnfield” more and more of the officers' time is taken up with administration. Plans are now in hand for the erection of a home for the more infirm elderly on “Lakeview” estate, Kettering Road North, and consideration is being given to a further Home in the grounds of “Barnfield” during the next financial year.

Consideration is also being given to improving the accommodation for the Superintendents of the Old Persons' Homes. Their task is a very arduous one, and improved and where possible separate accommodation when off duty will prove helpful.

More provision of warden-supervised accommodation for the elderly is contemplated in the future and this should ease the demand for admissions to Old Persons' Homes from those who can carry on in their own homes with the help of domiciliary services. This would, of course, mean that the Homes would be catering for the more infirm and it will be necessary to increase the staff to cope with this type of resident.

A scheme in association with the Home Help Organiser has been started for dealing with the problem of neglected elderly people living in their own homes who are not receiving assistance from relatives or neighbours and who, by consistently refusing the offer of voluntary and statutory help, allow themselves and their home circumstances to deteriorate to such an extent that they become a danger to themselves and others.

The Ministry of Labour have offered assistance in an investigation to assess the possible future demand for a Sheltered Workshop for physically and mentally handicapped persons in the Borough.

A survey is being undertaken of the Young Chronic Sick between the ages of 15 years and 60 years known to the Department who are prevented by physical handicap from leading normal lives and working in open competitive employment in order to determine their needs and the facilities which will be required.



It is hoped the Centre for the Physically Handicapped will be in use by June, 1966.

The Health Committee has so far acquired three tenancies for housing selected families from Whiston Road Home. These are all occupied and, with the supervision from the family caseworker in the Welfare Department, the families concerned are doing very well.

I would like to thank the staff for their loyal support and the voluntary agencies for their help and co-operation during the year.

### *RESIDENTIAL ACCOMMODATION*

#### *(1) Provided by the Local Authority*

(a) **KINGS HEATH HOME OF REST.** This Home, built specially for elderly persons, provides accommodation for 33 (16 men and 17 women).

On 31st December, 1965, 33 persons (16 men and 17 women) were in residence.

(b) **"BARNFIELD," 127 HARLESTONE ROAD.** This Home provides accommodation for 26 aged persons (13 men and 13 women).

On 31st December, 1965, 26 persons (13 men and 13 women) were in residence.

(c) **"THE PRIORY," 260 BILLING ROAD EAST.** This Home provides accommodation for 24 men.

On 31st December, 1965, 23 men were in residence.

(d) **"NICHOLLS HOUSE," 9, 10 AND 11 ST. GEORGE'S AVENUE.** This home provides accommodation for 38 aged persons (18 men and 20 women).

On 31st December, 1965, 38 persons (18 men and 20 women) were in residence.

(e) **"HILLCREST," 67 AND 69 QUEEN'S PARK PARADE.** This home provides accommodation for 51 aged persons (16 men and 35 women).

On 31st December, 1965, 49 persons (15 men and 34 women) were in residence.

(f) **"LALGATES," 119 HARLESTONE ROAD.** The house stands in approximately two acres of ground and when extensions are completed it is hoped to accommodate 55 aged persons of either sex.

On 31st December, 1965, 10 women were in residence.

(g) **GENERAL.** The standard charge at these homes is £7 0s. 0d. per week.

The residents are encouraged to work and provision is made for them to receive a monetary recompense not exceeding 10s. 6d. per week.

A chiropody service is available free of charge to residents.

(h) **WAITING LIST FOR RESIDENTIAL ACCOMMODATION.** On 31st December, 1965, 68 men and 130 women (total 198) were awaiting admission to Residential Accommodation. 29 of these were at St. Crispin Hospital, 46 at St. Edmund's Hospital, 8 in other hospitals, and 105 at home.

#### *(2) Provided (not directly) by Local Authority*

(a) **NAZARETH HOUSE.** This Home is situated in Northampton.

Arrangements are in operation whereby eighteen beds are available. The County Borough Council pay an agreed sum per resident per week, less payments made by the residents.

Four men and thirteen women were in residence under this scheme on 31st December, 1965.

In addition, three women and one man were transferred from Northamptonshire County Council on the extension of the Borough boundary on the 1st April, 1965, and for whom Northampton County Borough are now responsible.



(b) **ST. JOHN'S CONVALESCENT HOME.** This Home is situated in Northampton.

One male and four females were in residence at this Authority's expense on 31st December, 1965. Accommodation for short periods is also available at this Home.

(c) **OLD PERSONS' HOMES OUTSIDE NORTHAMPTON**

On 31st December, 1965, the Council had undertaken financial responsibility for residents in the following Homes:—

	MALES	FEMALES	TOTALS
Danetre Hospital, Daventry .....	3	—	3
Salvation Army Home, Netherfield House, Stanstead Abbots .....	1	—	1
Eileen Goodenay House, London, S.W.5..	1	—	1
Pentecostal Eventide Home, Ripon .....	—	1	1
“Rossmore,” Leamington Spa .....	—	1	1
The Lindens, Wellingborough .....	—	1	1
Westlands, Wellingborough .....	—	1	1
St. Mary's Hospital, Kettering .....	1	—	1
Westfields, Wellingborough .....	1	—	1
	—	—	—
Totals .....	7	4	11
	—	—	—

(d) **SPECIAL ACCOMMODATION.** On 31st December, 1965, the Council had accepted responsibility for handicapped persons in the following homes:—

	MALES	FEMALES	TOTALS
“Wardington Court” Homes for the Blind, Northampton .....	3	2	5
David Lewis, Manchester, Epileptic Colony	—	1	1
Amphill Cheshire Home .....	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter, Bucks .....	—	1	1
John Groom's Crippleage, Edgware, Middlesex .....	—	1	1
“Darsdale” Home for the Blind, Raunds	—	1	1
Ernest Ayliffe Home for Deaf and Dumb, Rawdon, Leeds .....	—	1	1
Coombe Farm Residential Centre, Croy- don .....	1	—	1
Enham-Alamein Home, Andover, Hants.	1	—	1
	—	—	—
Totals .....	5	8	13
	—	—	—

(3) *Private*

A list is given below of residential accommodation in Northampton for elderly and handicapped persons:—

HOME	ACCOMMODATION
Nazareth House, 116 Harlestone Road ..	82 old persons, either sex
Oakwood Home, 8 The Drive .....	14 old persons, either sex
"Roseland," 41 Park Avenue South ....	12 old persons, either sex
St. Christopher's, Abington Park Crescent	33 old persons, either sex
St. George's Homestead, 25/26 St. George's Avenue .....	22 aged women
"The Briers," 69 Collingwood Road ....	9 old persons, either sex
"Wardington Court" Home for the Blind, Welford Road .....	20 disabled and old persons, either sex
Parkway Geriatric Home, 133/135 Birchfield Road .....	15 aged persons, either sex
"The Ingle," 25 Abington Park Crescent	9 aged persons, either sex
"Springfields," 45 Queen's Park Parade .	10 persons, either sex
St. John's Convalescent Home, Weston Favell .....	24 persons, either sex
"Nims Lodge," 38 The Crescent .....	5 aged persons, either sex

These twelve homes, with accommodation for 257 persons, are all registered under Section 37 of the National Assistance Act, 1948.

*TOTAL RESIDENTIAL ACCOMMODATION*

(1) Provided by the Local Authority .....	182
(2) Provided (not directly) by the Local Authority .....	51
(3) Private .....	235*
	---
TOTAL .....	478
	---

\*Excludes 28 already counted in (2).

*TEMPORARY ACCOMMODATION*

The following temporary accommodation is provided under Section 21 (i) (b) of the National Assistance Act, 1948:—

**WHISTON ROAD HOME.** This Home provides temporary accommodation for mothers and children. Every effort is made to rehabilitate these families and all the domestic work, cooking, laundry, etc., is done by the mothers under the supervision of a Superintendent and Assistant Superintendent.

The number of mothers and children accommodated throughout the year fluctuated from a maximum of 15 to a minimum of 4.

On 31st December, 1965, 3 mothers and 12 children were in residence.

*Deaf and Dumb Persons*

A scheme for the provision of welfare services for the deaf or dumb was approved by the Minister of Health in 1955. The Northamptonshire and Rutland Mission of the Deaf carry out these duties on an agency basis for the Local Authority.

The persons to whom the scheme applies can be divided into three groups, viz:—

- (1) *Deaf without speech.* Those who have no useful hearing and whose normal method of communication is by signs, finger spelling or writing.
- (2) *Deaf with speech.* Those who (even with a hearing aid) have little or no useful hearing but whose normal method of communication is by speech and lip-reading.
- (3) *Hard of hearing.* Those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening and lip-reading.

Registration is voluntary. The numbers on the registers on 31st December, 1965, were as follows:—

	MALES	FEMALES	TOTALS
Deaf without speech .....	24	25	49
Deaf with speech .....	6	4	10
Hard of hearing .....	6	10	16
	—	—	—
Totals .....	36	39	75
	—	—	—

In a statement supplied by the Chaplain-Secretary of the Northants. and Rutland Mission to the Deaf the following activities are recorded as having been carried out by the Mission:—

As most of the deaf persons resident in the County Borough attended the Mission building regularly, some as often as three times a week, no regular visitation was done except for a special reason. Those unable to attend were visited on an average of once a month, and more frequently when necessary.

Church Services were held twice on Sundays. The evening service is usually followed by tea, television viewing, etc.

A Social Club was held twice weekly, on Wednesdays and Saturdays.

A Deaf-Blind Social was held once a month.

A Whist Drive was also held twice a month, with some "hearing" players present to help in the play.

There have been five large parties during the year, and four trips to various places.

Guides and transport were provided where necessary in connection with all the above functions.

Help in interpreting, etc., was provided for deaf persons at doctors' and dentists' surgeries, hospitals, etc.

The Hard of Hearing Club has met twice a month since June and will continue.

Lip-reading classes were held twice monthly during November and December and will be continued.

### *Handicapped Persons*

A scheme for the provision of services for handicapped persons other than the blind, partially sighted and deaf and dumb was approved by the Minister of Health in 1961. A register of handicapped persons has been compiled and on 31st December, 1965, there were 199 names (100 males, 99 females) on the register.

The Centre for the Physically Handicapped in Gladstone Road is now nearing completion and it is hoped to start using it about June, 1966.

### *Car Badges for Severely Disabled Drivers*

Arrangements have been made, in accordance with Ministry of Health Circular 17/61, for the issue of badges to identify the vehicles of severely disabled drivers.

The following drivers may be regarded as eligible to participate in the Scheme:—

- (a) Drivers of invalid vehicles supplied by the Ministry of Health;
- (b) Drivers of vehicles specially adapted for persons with defects of locomotion; and
- (c) Drivers with amputations which cause considerable difficulty in walking or who suffer from a defect of the spine or central nervous system which makes control of the lower limbs difficult.

### *Epileptics*

Seventeen are known to this Department:—

	MALES	FEMALES	TOTALS
In Colonies .....	—	2	2
In Residential Accommodation ....	2	1	3
School children ( <i>See</i> page 106).....	5	4	9
On register of handicapped persons..	3	—	3
	—	—	—
Totals .....	10	7	17
	—	—	—

### *Meals for the Elderly*

The “meals on wheels” service was inaugurated in September, 1950. The Women’s Voluntary Services, on behalf of the Local Authority, deliver the meals on five days a week—Mondays to Fridays. Different areas are served on the five days, thus enabling more old people to participate. The recipients paid 1/- per meal and the Local Authority subsidise to the extent of 1s. 3d.

11,990 meals were served during 1965, and the cost to the Local Authority was £749 7s. 6d.

### *Persons in Need of Care and Attention*

No action was taken under Section 47 of the National Assistance Act, 1948.

### *Burial of the Dead*

It was necessary for the Local Authority to arrange three burials in accordance with Section 50 of the National Assistance Act, 1948. In all cases the full costs were recovered.

### *Admissions to Mother and Baby Homes*

7 applications for admission to mother and baby homes under Section 21, National Assistance Act, 1948, and Section 22, National Health Service Act, 1946, were received and financial responsibility accepted for admission. Applicants are assessed to contribute towards the cost.



### *Temporary Protection of Property*

A store at "The Priory" has been provided to meet the obligations of the Local Authority to take reasonable steps to prevent or mitigate loss or damage to movable property of persons admitted to hospital, etc.

These premises are also utilised for the storage of bedsteads, bedding, etc., in connection with temporary accommodation to meet exceptional circumstances, such as flooding, or to provide shelter for other persons in urgent need in circumstances which cannot reasonably be foreseen.

### *Blind and Partially Sighted Persons*

A "blind person" is defined as a person so blind as to be unable to perform any work for which eyesight is essential. At the end of 1965 the number of blind persons registered in Northampton County Borough was 292, classified as follows:—

	MALES	FEMALES	TOTALS
At schools for the blind .....	2	—	2
In psychiatric hospitals .....	1	—	1
Employed in open industry .....	13	2	15
Employed in sheltered industry ....	18	9	27
Unemployed but capable of and available for work .....	3	1	4
Not available for employment .....	66	173	239
Children under school age .....	2	—	2
Children not at school .....	—	1	1
At school .....	1	—	1
	—	—	—
Totals .....	106	186	292
	—	—	—

7 of the above were trained at St. Dunstan's and 38 were registered under the Disabled Persons (Employment) Act, 1944.

52 men and 142 women (total 194) were over sixty-five years of age.

39 persons were newly registered as blind during 1965 after examination and certification by an ophthalmologist of consultant status. Registration is voluntary.

### *Partially Sighted Persons*

Persons appropriate for designation as "partially sighted" are those who, although not blind within the meaning of the Act, 1948, are nevertheless certified after examination to be substantially and permanently handicapped by congenital defective vision; or to be suffering from defective vision of a substantial and permanently handicapping character caused by illness or injury; or, in the case of children, to have such bad vision that they cannot follow the ordinary school curriculum without detriment to their sight or to their educational development, but they can be educated by special methods involving the use of sight.

In the approved scheme provision was made for the promotion of the welfare of partially sighted persons. Admission to the register is dependent upon a certificate



from a consultant ophthalmologist. Registration is voluntary. The register contained the names of 42 persons on 31st December, 1965, made up as follows:—

	MALES	FEMALES	TOTALS
Class A—Persons near and prospectively blind (aged 16 years and over) . . . . .	5	17	22
Class B—Persons mainly industrially handicapped (16 years and over) . . . . .	4	5	9
Class C—Persons requiring observation only (16 years and over) . . . . .	4	3	7
Class D—Children aged 5 and under 16 years . . . . .	3	1	4
	—	—	—
Totals . . . . .	16	26	42
	—	—	—

Eight of the above persons were newly registered as partially sighted during 1965. Table 37 on page 88 shews, in age groups, the number of newly registered partially sighted persons since 1952.

#### *Handicraft Class*

A Handicraft Class for the blind and partially sighted is held on Thursday afternoons at St. Michael's Church Rooms, at which there was an average attendance of 50. One half-day outing to Stratford upon Avon was arranged during the year for persons attending the class. An annual party was also held.

#### *Holiday Scheme*

Under the Holiday Scheme to assist blind and partially sighted persons in taking a holiday, 26 blind and partially sighted persons and 14 guides, spent a very enjoyable week at Weymouth during May, 1965. Financial assistance was provided if requested and 21 persons were helped in this way. The Northamptonshire Town and County Association for the Blind contribute half towards the deficit.

#### *Incidence of Blindness*

One notification of ophthalmia neonatorum was received in 1965.

TABLE 35

## REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

Number of new cases registered during the year in respect of which Section F of Form B.D.8 recommends :— (a) No treatment (b) Treatment (medical, surgical, or optical)	CAUSE OF DISABILITY			
	CATARACT	GLAUCOMA	RETROLENTAL FIBROPLASIA	OTHERS
	7	5	—	10
	13	—	—	4
Number of cases at (b) above which on follow-up action have received treatment .....	—	—	—	1

Table 36 shews the number of blind and partially sighted persons registered since blind welfare was undertaken by the Local Authority, and Table 37 shews, in age groups, the numbers of new registrations since 1950.

TABLE 36

## INCIDENCE OF BLINDNESS

1949—1965

PERIOD ENDING	NUMBER OF NAMES ON REGISTERS	
	BLIND	PARTIALLY SIGHTED
31-3-49	198	—
31-3-50	203	—
31-3-51	224	—
31-3-52	222	7
31-12-52	232	14
31-12-53	239	13
31-12-54	248	26
31-12-55	254	29
31-12-56	262	36
31-12-57	268	38
31-12-58	276	37
31-12-59	288	38
31-12-60	290	34
31-12-61	281	31
31-12-62	278	34
31-12-63	282	35
31-12-64	265	35
31-12-65	292	42

TABLE 37

## AGE GROUPS OF NEW REGISTRATIONS OF BLIND AND PARTIALLY SIGHTED PERSONS

1950-1965

PERIOD ENDING	AGE GROUPS								TOTALS	
	0-15		16-49		50-64		65+			
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
31-3-50	1	—	2	—	3	—	13	—	19	—
31-3-51	2	—	2	—	3	—	24	—	31	—
31-3-52	2	—	—	—	5	—	17	—	24	—
31-12-52	—	—	—	2	4	3	10	3	14	8
31-12-53	1	—	1	—	3	1	20	3	25	4
31-12-54	—	1	—	1	9	2	25	11	34	15
31-12-55	—	1	—	—	2	—	26	7	28	8
31-12-56	1	4	2	1	1	1	29	3	33	9
31-12-57	1	1	2	1	1	1	26	5	30	8
31-12-58	1	—	—	1	4	—	30	4	35	5
31-12-59	—	—	2	1	2	—	26	6	30	7
31-12-60	2	—	3	1	3	—	21	2	29	3
31-12-61	1	—	4	1	10	1	18	4	33	6
31-12-62	4	3	1	—	2	1	22	2	29	6
31-12-63	1	—	—	1	1	2	29	6	31	9
31-12-64	1	—	2	3	7	1	10	5	20	9
31-12-65	1	1	1	1	5	1	32	5	39	8

B.—Blind. P.S.—Partially Sighted.

Note: Registration of partially sighted persons did not commence until 1952.

NORTHAMPTON COUNTY BOROUGH  
EDUCATION COMMITTEE



THE  
SCHOOL HEALTH  
OF  
NORTHAMPTON  
1965

WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.  
*Principal School Medical Officer*





## THE SCHOOL HEALTH SERVICE

The school population increased from 16,247 in 1964 to 18,190 in 1965, due to boundary extensions. During the year, 4,779 schoolchildren received routine medical inspections of whom 99.85% were recorded as satisfactory under the heading "physical condition," confirming the satisfactory trend of previous years.

The incidence of infestation (0.6%) was even lower than last year's very low figure, despite a growing fashion amongst teenage schoolboys to allow their hair to grow extremely long and untidy.

School doctors referred 15 children to the Child Guidance Clinic during the year. A long period of waiting before examination greatly reduces the value of the clinic. School doctors and general practitioners are referring only very disturbed children and the mild early cases who would benefit considerably are not being referred. It is hoped that the proposed increase in consultant coverage will materialize in the New Year and relieve the pressing problem.

Handicapped children at Special Residential Schools were visited by school nurses during their school holidays, where their progress or otherwise, was noted and family counselling where necessary, carried out.

Continued difficulty was experienced in finding suitable residential placements for maladjusted and E.S.N. pupils. This reflects a national shortage of this type of provision.

This preface was concluded in last year's Report by referring to the Committee's decision to establish a special integrated unit for partially hearing children. Unfortunately, the unit has not materialised due to a number of factors beyond the control of the Committee and its Officers. It is hoped, however, the necessary agreement and approval will be obtained from the Department of Education and Science to enable this much needed project to proceed next year.

The number of schoolchildren on the waiting list for vision testing at the School Clinic rose considerably during 1963 and because of this arrangements were made with the Oxford Regional Hospital Board for Dr. J. J. Holloway, Deputy Principal School Medical Officer, to attend the Oxford Eye Hospital each week to become a proficient refractionist. Dr. Holloway will conclude this Course in 1966 and will then be qualified to assist the Ophthalmic Consultant and the Senior Hospital Medical Officer in examining children whose vision is considered by the school nurses to be unsatisfactory.

The pattern of diseases in schoolchildren has radically changed during the last few decades. Rheumatic fever and tuberculosis of all forms have been almost eradicated, rickets has been eliminated, diphtheria has been controlled and other infectious conditions, like poliomyelitis, measles, etc., are on the point of being controlled by vaccines. Accordingly, emotional and behaviour difficulties are left in a position of relative prominence.

This changed pattern is further reflected in the causes of death amongst schoolchildren. During 1965 there were 7 deaths listed as follows:— accidents 3, acute appendicitis 2, congenital heart defect 1, hydrocephalus 1. Here again, the national figure is closely reflected in that accidents are becoming the chief cause of deaths amongst schoolchildren and this is a problem upon which the School Health Service must concentrate more, in the form of vigorous home and road safety campaigns.

Notifications of infectious diseases numbered 593 compared with 261 in 1964— measles 365, mumps 55, german measles 5, chicken pox 153, whooping cough 11, and scarlet fever 4.

During the year, 52 children attended the school clinic with plantar warts, compared with 54 in 1964. There is no evidence of a decrease in the incidence of plantar warts despite an intensive foot hygiene campaign by doctors and nurses. The problem is accentuated by our inadequate knowledge of the causal virus, but it would seem reasonable to presume that satisfactory foot hygiene amongst schoolchildren is an important factor in the control of spread.

The incidence of smoking amongst boys and girls at Secondary Schools does not seem to be decreasing, despite the continued efforts of the School Health Service to promote positive health amongst schoolchildren, including the showing of films on lung cancer and smoking to appropriate age groups. Parental example is probably the most effective means.

Three lady doctors gave a series of sex biology lectures to girl school leavers and also groups of parents were addressed by medical staff during the year.

In-service training for medical nursing staff in the School Health Service, in the form of weekly lectures and films during the Spring term, was arranged on the very important subject of "Early Emotional Development and Human Behaviour." Doctors and nurses and social welfare staff derived great benefit from these lectures. The increasing recognition of the importance of emotional factors in physical illness is now becoming more accepted, especially in such conditions as asthma, migraine, eczema and other conditions. It is the experience of doctors in the School Health Service that many asthmatic children sent to Special Residential Schools derive as much benefit from the actual change of environment as from any other factor.

The practice of medically examining school leavers who receive University and other awards has been discontinued as experience over a period of years showed that the number of candidates unacceptable on medical grounds was almost nil.

During the year, school medical officers attended clinics and case conferences at the hospital, thus ensuring a close liaison between hospital and Local Authority staff. Referrals from the School Health Service to the hospital continued to be carried out in full consultation with the general practitioners concerned.

In September 1965, special weekly audiology sessions began. With the permission of the Hospital Management Committee, the hospital audiometrician, Mr. O'Reilly, conducts these sessions. Schoolchildren are first tested for hearing defects by school doctors or nurses and whenever doubt exists a child is referred to the audiometrician for further investigation. Particulars of the work carried out at this Special Clinic are given in more detail in the body of this Report.

During the year, schoolchildren in the County Borough were remarkably free from winter vomiting which was reported from many parts of the country. This condition is not serious but usually results in several days' absence from school.

It is pleasing to report that the post of Speech Therapist, vacant since October 1963, was filled by Miss Coles in September 1965.

The School Clinic at King Street is proving inadequate in design and space. This is more accentuated in the dental section where further surgery provision is not possible. However, the clinic was constructed in 1938 when the school population was less than 11,000 schoolchildren. The future erection of four multi-purpose clinics with School Health Service facilities (including dental facilities), in geographical suitable parts of the town, will certainly ease the situation.

It is pleasing to conclude this preface by stating that the number of school entrants immunised and vaccinated against diphtheria and tetanus reached record level in 1965.

I wish to record my appreciation of the assistance and consideration received from members of the teaching staffs in the schools, without whose co-operation the School Health Service could not hope to function. I am indebted to my deputy, Dr. J. J. Holloway, for the preparation of this Report.

WILLIAM EDGAR,

*Principal School Medical Officer.*

HEALTH DEPARTMENT,  
GUILDHALL,  
NORTHAMPTON.

Telephone: Northampton 34881.

*EDUCATION COMMITTEE*  
(as constituted on 31st December, 1965)

---

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MR. R. SPENCER

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*Primary Education and Special Services Sub-Committee*

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COUNCILLORS DOCKRELL and STEVENSON ; MRS. COLLIER, MRS. CORRIN,  
MR. HUTCHINS and MR. SPENCER.

## STAFF OF SCHOOL HEALTH SERVICE, 1965

*Principal School Medical Officer* .. WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

*Deputy Principal School Medical Officer* .. .. JOHN J. HOLLOWAY, M.B., B.CH., L.M., D.P.H.

*School Medical Officers* .. .. MARGARET O'CONNOR, L.R.C.P., L.R.C.S.  
EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.  
JAMES W. BOTTOMS, M.B., B.S., M.R.C.S.,  
L.R.C.P.  
RONALD H. MARTIN,  
M.A., B.M., B.CH., M.R.C.S., L.R.C.P.

*Principal School Dental Officer* .. P. W. J. L. THOMPSON, L.D.S., R.C.S.

*Dental Officer* .. .. Mrs. L. A. B. ELLIOTT, L.D.S., R.C.S.

*Dental Auxiliary* .. .. 1 DENTAL AUXILIARY

*Consultant Psychiatrist\** .. .. K. STEWART, M.B., CH.B., D.C.H., D.P.M.

*Educational Psychologist\** .. .. Miss D. V. SCOTT, M.A.

*Assistant Educational Psychologist\** T. ARNOLD

*Social Worker\** .. .. F. D. PAYNE

*Speech Therapist* .. .. Miss E. COLES, L.C.S.T.

*Clerks* .. .. C. A. JONES (*Senior Clerk*)  
2 CLERKS

*Dental Surgery Assistants* .. 3 ASSISTANTS

\* Under a joint scheme with Northamptonshire Education Authority.  
Health Visitors and Clinic Nurses (*see* page 13) give part-time assistance in the school health service under a co-ordinated scheme.



## GENERAL INFORMATION, 1965

Home Population at all Ages (estimated at 30th June, 1965)	..	..	121,410
Estimated Child Population (30th June, 1965):—			
Under 1 year	..	..	2,360
1—4 years inclusive	..	..	8,840
5—14 years inclusive	..	..	16,100
Total under 15 years	..	..	27,300
<hr/>			
PRIMARY SCHOOLS			<i>Number on Roll</i>
Number of Schools	..	..	24
Number of Departments	..	..	33
Number on Roll	..	..	9,177
Average Attendance	..	8,340 (90·8 per cent)	
 SECONDARY MODERN SCHOOLS			
Number of Schools	..	..	11
Number of Departments	..	..	11
Number on Rolls	..	..	4,346
Average Attendance	..	3,959 (91·1 per cent)	
 SECONDARY GRAMMAR AND TECHNICAL SCHOOLS			
Grammar School for Boys (Town and County)	..	..	959
Grammar School for Girls	..	..	577
Trinity High School—Mixed	..	..	684
 SPECIAL SCHOOLS			
Northgate	..	..	103
Open Air	..	..	98
Manfield Orthopaedic Hospital	..	..	27
John Greenwood Shipman Home	..	..	23
Harborough Road Hospital	..	..	18
 NURSERY SCHOOLS			
Silver Street	..	..	80
Bush Hill	..	..	40
Gloucester	..	..	40
Victoria Park	..	..	40
Wallace Road	..	..	40
Total Number of Pupils on Roll	..	..	16,252

## COST OF SCHOOL HEALTH SERVICE

					£	s.	d.
TOTAL NETT COST (Year 1964/65)	..	..	..	..	26,705	17	8

### *NATURE OF THE WORK OF THE SCHOOL HEALTH SERVICE*

The work of the School Health Service is essentially preventive and requires the close study of individual children, especially those who may be handicapped by physical or emotional defects.

The scope of the Service includes:—

- (1) The detection of defects in schoolchildren as early as possible and to refer them in liaison with their general practitioners for treatment.
- (2) The assessment, diagnosis, and supervision of handicapped children with reference to their special educational needs.
- (3) The control of infectious diseases amongst schoolchildren by immunisation, vaccination, etc.
- (4) Health Education. This includes education which leads parents to know when to consult their doctors, especially at the early stages of mental or physical illness in the child.

Among the subjects on which emphasis is placed are mental health, sex biology, dental health, foot health, the risks of smoking and excessive weight.

- (5) The medical examination of children undertaking part-time employment to ensure that a child is not employed in a manner prejudicial to his or her own health.
- (6) Medical examination of certain groups, e.g., teachers, training college candidates and boarded-out children.
- (7) Provision of a comprehensive dental service for all schoolchildren.

#### *Medical Inspections*

During the year, 4,779 children had routine medical inspections. Parents' attendances at these inspections reflected the picture of previous years—a high parent attendance rate for infants (75%) compared with a low rate for leavers (32%). The aim has been to examine every schoolchild at least three times during their school life—at school entry, midway through school life and before leaving school. The value of the midway or intermediate examination is questionable, as many of the conditions found at this age have already been detected. Accordingly, School Health Services in many areas have dropped this inspection to replace it by a more selective method which consists of consultations with parents and teachers and observations of schoolchildren at their work and at their play. It is hoped to begin this selective system in the Northampton School Health Service next year.

#### *School Clinic*

The School Clinic continued to be used for:—

- (1) The treatment of minor ailments
- (2) The medical examination of special cases
- (3) Special eye and other clinics
- (4) The administrative centre for the School Health Service
- (5) Dental inspections and treatment.

The inadequacy of space at the Clinic has already been mentioned. To ease matters the waiting room at the Clinic and also part of the premises at Silver Street Nursery are used to store records and other medical cards.

### *School Nurses*

Seven school nurses helped to staff the School Health Service during the year. The school nurse makes frequent and regular visits to the schools where she consults and discusses individual children with the teacher and where necessary refers schoolchildren for further investigation. The work of the school nurse was mainly concerned with:—

- (1) Preparation of pupils for medical inspections, weighing, measuring heights, etc.
- (2) Assisting school medical officers at routine medical inspections
- (3) Periodic inspections of schoolchildren for cleanliness
- (4) Helping at special clinics, e.g. vaccination clinic, ophthalmic clinics, audiology clinics, etc.
- (5) Home visiting
- (6) Visual acuity and colour vision testing.

The role of the school nurse is becoming more important as the proper use of her experience and skill is becoming more necessary in view of the shortage of health visitors.

### *Cleanliness*

The percentage of uncleanness found during the year continues to reflect the downward trends during the last decade, illustrated as follows:—

1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
2.1	1.8	1.4	1.0	0.5	0.5	0.8	0.8	0.7	0.7

It is interesting to observe that the cases of uncleanness are mainly constituted by a hard core of families in which children are found to be repeatedly in need of treatment. This state of affairs suggests that there may be little justification in routinely examining every year thousands of perfectly clean children and perhaps the services of the school nurse could be more advantageously used by concentrating on selective groups.

### *Scabies*

The number of cases totalled 3 compared with 11 in 1964. When a schoolchild has scabies it is probable that other members of the family will also be infested. Accordingly, the whole family may have to be treated simultaneously under proper supervision. The prevention of scabies is best attained by unceasing vigilance, early diagnosis and rapid treatment in every case.

### *Ringworm of the Scalp*

One case of ringworm of the scalp was reported.

## *SPECIAL CLINICS*

### *Ear, Nose and Throat Clinic*

This clinic is held at Northampton General Hospital and schoolchildren found to be suffering from appropriate defects are referred to the E.N.T. Consultant, in close liaison with the general practitioner concerned. During 1965, 262 schoolchildren (all from primary and secondary schools) were operated upon for tonsils and adenoids compared with 249 in 1964.

*Refraction Clinic*

By arrangement with the Oxford Regional Hospital Board the Ophthalmic Consultant and the Senior Hospital Medical Officer of Northampton General Hospital attend the School Clinic each week to examine children whose vision was considered to be unsatisfactory. During the year, 675 schoolchildren and 29 pre-schoolchildren were referred by school nurses and doctors. Details of these cases are as follows:—

	Under 10 years	Over 10 years
Myopia .....	41	123
Myopic astigmatism .....	20	49
Hypermetropia .....	42	32
Hypermetropic astigmatism .....	99	86
Mixed astigmatism .....	14	13
Refractive error not sufficient for correction	69	42
Squint .....	68	18

All children entering infant school are tested for normal vision and every year afterwards. Any departure from normal vision, tested by the "E" card for non-readers and by Snellen's test with letters for readers, is noted, and the child referred to the Eye Clinic. During the year, 38 boys and 4 girls were found to have defective colour vision of various degrees. The Ishihara test for colour vision used to be applied to all school leavers but towards the end of 1965 the age group was lowered to that of ten years, because it was considered important that children should know as early as possible that they may be unsuitable for certain occupations.

The Ishihara test is very sensitive and may fail children whose defect is very slight. Accordingly, it is important that failures should be re-tested with the Giles-Archer Lantern, which gives results of more practicable importance. The purchase of a Giles-Archer Lantern for the clinic is under consideration.

*Audiometry Clinic*

This Clinic began in September, 1965, and has proved an unqualified success. The Audiometrician, Mr. O'Reilly from Northampton General Hospital, attends the School Clinic every Thursday afternoon and tests schoolchildren who are referred by school doctors and nurses and also teachers. Since the commencement of the Clinic, the Audiometrician examined 255 children and 7 were referred to the E.N.T. Department at the Hospital for further investigation. Four of these were confirmed as cases of deafness and the other three are still under investigation.

Needless to say, the appointment of Mr. O'Reilly has greatly increased the liaison between the Hospital E.N.T. Department and the School Health Service.



*Speech Clinic*

As mentioned in the preface of this Report, the Speech Therapist, Miss E. Coles, commenced her duties in September and the following is a résumé of her work to the end of the year:—

Children taken for regular treatment .....	71
Children retained for review .....	42
Children discharged ... ..	14

*Orthopaedic Clinic*

76 Northampton children were treated at Manfield Orthopaedic Hospital or at the John Greenwood Shipman Home during 1965 and, of these, 22 children attended the latter as day pupils. 301 children were treated as out-patients at Manfield Hospital Clinic.

*Spastic Unit*

This Unit caters for 30 spastic children—12 day and 18 residential. During the year, 3 children were admitted. The children receive educational and medical facilities including physiotherapy.

*SPECIAL SCHOOLS**Northgate School*

The school caters for 100 E.S.N. pupils and is at present full with a waiting list of 25 E.S.N. children.

Fortnightly visits are paid by School Medical Officers when cases are reviewed and points of special interest discussed with the teachers. In addition, 40 pupils were examined at routine medical inspections and three visits were paid by school nurses for the purpose of cleanliness inspections.

*Open-Air School*

Places for 100 delicate and physically handicapped children are provided and the following table illustrates the type of handicapped child that attended during 1965:—

Type of Handicap	Number of Children	
	1965	1964
General debility .....	20	25
Asthma .....	15	13
Epilepsy .....	9	10
Bronchitis .....	7	6
Nervous debility .....	5	5
Congenital hearts .....	5	5
Maladjusted pupils .....	9	2
Residual motor paralysis .....	3	3
*Others .....	24	22

\* Includes diabetes, spina bifida, migraine, chronic sinusitis, Huntington's chorea, muscular dystrophy and mesenteric adenitis.



The relatively large increase in maladjusted children at the school is noted with interest. As far back as 1950, 4 Medical Officers from the Ministry of Education stated in the Report of the Chief Medical Officer "We think that day schools for delicate children could well take a limited number of maladjusted children, provided that they are carefully selected and are admitted singularly or in small numbers at a time."

The great merit of the Open-Air School is its small size. Each and every child is known to all the staff and can be given more individual attention and care than in the ordinary bigger schools. Educational facilities are adequately provided but, nevertheless, the strain and pressures in this respect are much less. It is important to remember that children are sent to Open-Air Schools primarily for health reasons.

School medical officers paid 20 visits to the school for the purpose of examining and reviewing certain cases. In addition, 56 children were examined at routine medical school inspections. School nurses paid 3 visits for the purpose of cleanliness inspections.

#### *Nursery Schools*

The five Nursery Schools and the Nursery Class at Bective Infants' School cater for 260 children between the ages of two and five years.

Frequently, children are admitted to these schools on medical or social grounds and accordingly close liaison is maintained with the Chief Education Officer and his staff. The Nursery Schools have been especially useful in admitting some handicapped children of pre-school age on a part-time basis.

School medical officers visited all the nurseries during the year, carrying out 271 routine medical inspections and 30 re-examinations. School nurses also paid 17 visits for the purpose of cleanliness inspections.

### *IMMUNISATION AND VACCINATION*

#### *Diphtheria and Tetanus*

Primary immunisation against diphtheria, tetanus, and whooping cough is normally carried out in infancy. The booster dose given at school entry consists of diphtheria and tetanus vaccine combined. This is repeated at ten years of age.

During 1965, 385 children, not previously protected against diphtheria and tetanus, were given a full primary course (compared with 36 children in 1964) and 1,212 children received booster doses (compared with 136 children in 1964). This is a considerable improvement on the figures of previous years, and is, in fact, a record for diphtheria and tetanus, as the following table clearly illustrates:—

*Number of Schoolchildren Immunised during the Last Decade*

Year	Diphtheria		Tetanus
	Primary	Booster	
1956	107	865	—
1957	84	676	—
1958	65	642	—
1959	183	600	—
1960	79	498	—
1961	94	632	—
1962	112	359	86
1963	33	333	327
1964	36	136	172
1965	384	1,212	1,597

This is largely attributed to the introduction of an omnibus consent form which parents of five year old entrants are requested to complete covering all vaccination procedures required during school life. The parent is given the choice of having this done by the family doctor or the school doctor. In the latter case the parent is no longer invited to specific vaccination and immunisation sessions in school but is advised by note when the vaccination has to be performed and what protection has been given.

*Poliomyelitis*

During 1965, 401 received a primary course of oral vaccine and 740 received booster doses. It is calculated that over 80% of all persons under 21 years in the town have been vaccinated against poliomyelitis.

One booster dose of oral vaccine is now given to all school entrants who have received a primary course in infancy.

*Tuberculosis*

The acceptance rate for B.C.G. vaccination in 1965 for children approaching their 13th birthday was 78% compared with 73% in 1964. The vaccine is also available to children of 14 years and over who were not previously vaccinated, children aged 10 years or more who appear to be at special risk to tuberculosis, and students attending universities, training colleges, technical colleges or other places of higher education.

B.C.G. vaccination is preceded by a special skin test known as "tuberculin test." If the child reacts positively to this test, vaccination is not necessary. During the year, 1,929 children received a tuberculin test and 124 children were found to be positive reactors. These 124 were referred to the Chest Clinic for chest X-ray and further investigation and all were found to be satisfactory. 1,629 negative reactors received B.C.G. vaccination.

The scheme commenced in 1955 and the following tabulation shows, each year, the number of children vaccinated and the number found positive when initial skin tests were carried out:—

Year	No. vaccinated	No. found positive
1955	140	33
1956	694	104
1957	718	147
1958	946	197
1959	999	204
1960	1,396	243
1961	1,639	274
1962	725	65
1963	1,308	135
1964	838	104
1965	1,629	124

#### HANDICAPPED PUPILS

Early ascertainment of handicapped pupils continues to be one of the most important aspects of the School Health Service. Handicapped pupils are children having disability of mind or body, necessitating education by special methods. Ten different categories are defined by the Ministry and the following table illustrates the number of handicapped children from the County Borough in special schools during the last decade:—

Year	Blind	Partially Sighted	Deaf	Partially Hearing	ESN	Epileptic	Maladjusted	PH	Speech	Delicate	Total
1956	1	5	7	4	79	5	6	51		66	226
1957	1	5	7	2	78	4	13	47		77	234
1958	3	3	6	2	85	4	10	60		74	247
1959	2	4	6	3	91	4	12	64		73	259
1960	2	3	6	2	75	2	4	25		79	198
1961	2	4	7	3	71	8	6	24		71	196
1962	3	4	7	3	79	10	7	20		77	210
1963	3	5	4	4	104	8	14	15		72	229
1964	4	2	7	5	107	9	17	60		52	263
1965	2	3	7	5	107	11	18	39		41	233

Under the Handicapped Pupils and Special Schools Regulations, 1959, and the amending Regulations of 1962, the following *ten* categories of handicapped pupils are defined.

### 1. Blind Pupils

*" Pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight."*

Number of blind pupils newly assessed as needing special educational treatment . . . . .	Nil
Number of blind pupils admitted to Special Schools during the year . . . .	Nil
Number of blind pupils awaiting admission to residential schools . . . . .	1
Total number of blind pupils in Special Schools for the Blind on 31st December, 1965 . . . . .	1

There was a considerable rise in the incidence of blindness amongst premature babies of low birth rate after 1950, due to high concentration of oxygen given in the first few weeks of life. This causal relationship was quickly recognised with subsequent reduction with the incidence of congenital blindness of this cause. During the past five years blindness has usually been due to cataracts following German measles during the first three months of pregnancy or to congenital anatomical defects of the babies' eyes. Schoolchildren who become blind or partially sighted during their school life frequently do so because of brain lesions, accidents, etc.

### 2. Partially Sighted Pupils

*" Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight."*

Number of partially sighted pupils newly assessed as needing special educational treatment . . . . .	1
Number of partially sighted pupils admitted to Special Schools during the year . . . . .	Nil
Total number of partially sighted pupils in Special Schools for partially sighted children on 31st December, 1965 . . . . .	3
Number of partially sighted pupils attending ordinary schools . . . . .	1

It is important that the activities of partially sighted pupils should not be unduly restricted as many of these children can lead a fairly normal life and indeed some can attend an ordinary school. It has been possible in the past to admit a partially sighted pupil to an ordinary day school.

### 3. Deaf Children

*" Pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language."*

Number of deaf pupils newly assessed as needing special educational treatment . . . . .	1
Number of deaf pupils admitted to Special Schools during the year . . . .	Nil
Total number of pupils in Special Schools for the Deaf on 31st December, 1965 . . . . .	7

Sounds must be heard clearly for proper speech development to occur and since listening begins almost immediately after birth the early detection of deafness is of essential importance. The Department took three major steps during the year to further the work in this field: (i) purchase of an audiometer; (ii) secondment of medical staff to Manchester University for speech courses in the early detection of deafness; and (iii) Professor Ian Taylor attended the Department in December and ran a two-day In-service Course for Health Visitors and other interested staff.



#### 4. Partially Hearing Pupils

*"Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf children."*

Number of partially hearing pupils newly assessed as needing special educational treatment .....	2
Number of partially hearing pupils admitted to Special Schools during the year .....	Nil
Total number of pupils in Special Schools for partially hearing children on 31st December, 1965 .....	5
Number of partially hearing pupils attending normal schools on 31st December, 1965 .....	2

Some children suffer from partial hearing so that they hear sounds only at certain intensities and over certain frequency ranges. Here again, it is extremely important that this defect should be detected as early as possible. A partially hearing special unit in an ordinary school is suitable for many children suffering from partial hearing and as already mentioned arrangements are now being made for such a Unit at Vernon Terrace School. This will enable many children with partial hearing to remain in the security of their homes. Heretofore it was necessary for these young children with partial loss of hearing to attend special residential schools in the London or Birmingham areas.

#### 5. E.S.N. Pupils

*"Pupils who, by reason of limited ability, or other condition, resulting in educational retardation, require some specialist form of education, wholly or partly in substitution for the education normally given to ordinary children."*

Number of E.S.N. children newly assessed as needing special educational treatment .....	41
Number of E.S.N. children admitted to Northgate Special School during the year .....	27
Number of E.S.N. children admitted to Special Boarding Schools for E.S.N. children during the year .....	6
Number of E.S.N. children awaiting admission to residential schools....	4

Numerically this problem is greatest in this group and as already noted, Northgate Special Day School is full and has a waiting list of 25. It is never very easy to place an E.S.N. child in a residential school, especially if any degree of maladjustment is a further handicap. During the year, 104 school children were educationally assessed by school medical officers with the following results:—

No action taken and children remained in normal schools .....	44
Action deferred until further assessment within 12 months .....	18
Recommended for admission to Northgate Special School .....	24
Unsuitable for education within the Local Education Authority system	10
Recommended for residential E.S.N. school . . . . .	4
Recommended for transfer to Open Air School . . . . .	3
Referred to Child Guidance Clinic .....	1



## 6. Epileptic Pupils

*"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."*

Number of epileptic pupils newly assessed as needing special educational treatment .....	1
Number of epileptic pupils admitted to Special Schools during the year .....	1
Total number of epileptic pupils in Special Schools or epileptic children on 31st December, 1965 .....	2
Number of epileptic children awaiting admission to residential schools .....	1

Frequently epileptic children suffer from the added handicap of education sub-normality and this can make the problem very difficult both medically and educationally. This type of child is generally more suitable for a residential special school although this type of provision can be difficult to obtain.

## 7. Maladjusted Children

*"Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social and educational readjustment."*

Number of maladjusted pupils newly assessed as needing special educational treatment .....	6
Number of maladjusted pupils admitted to Special Schools for maladjusted children during the year .....	5
Total number of maladjusted pupils in Special Schools .....	12
Total number of maladjusted pupils at Holyrood and Rostrevor Hostels .....	6
Number of maladjusted pupils awaiting admission to residential schools .....	3

The psychiatrist is primarily involved in the assessment of maladjustment and in another part of this Report the Consultant Psychiatrist deals with the subject and also the Child Guidance Clinic at 28 Billing Road.

## 8. Physically Handicapped Pupils

*"Pupils not suffering solely from a defect of sight or hearing who by reason of disease or by crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."*

Number of physically handicapped pupils newly assessed as needing special educational treatment .....	2
Number of physically handicapped pupils admitted to Special Residential Schools during the year .....	1
Total number of physically handicapped pupils in Special Residential Schools on 31st December, 1965 .....	2

This handicap covers a wide field of physical disabilities, including such conditions as congenital heart and lung defects, residual paralysis after acute poliomyelitis, progressive muscular atrophy, spina bifida, orthopaedic defects, etc.

### 9. Pupils Suffering from Speech Defect

*"Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment."*

Number of pupils with speech defect newly assessed as needing special educational treatment .....	Nil
Total number of pupils with speech defect admitted to Special Schools during the year .....	Nil
Total number of children with speech defect in Special Schools as at 31st December, 1965 .....	Nil

It will be noted that there were no children suffering from a speech defect severe enough to require special educational treatment. There were a number of mild cases of stammering attending the Speech Therapist.

### 10. Delicate Pupils

*"Pupils not falling under any other category who by reason of impaired physical condition need a change of environment, or cannot without risk to their health or education development be educated under the normal regime of ordinary schools."*

Number of delicate pupils newly assessed as needing special educational treatment .....	1
Number of delicate pupils admitted to Special Open Air Schools during the year .....	11
Total number of delicate pupils in residential Open Air Schools as at 31st December, 1965 .....	3

The majority of children ascertained as delicate are those children who are likely to benefit from a modified school environment and who cannot be conveniently brought into any of the other nine categories of the handicapped child.

It will be observed from the following table that a total of 40 Northampton children are at present receiving education at Special Residential Schools; another 13 are on the waiting list and awaiting placement. An analysis of this total is tabulated as follows:—

Classification	Placed	Awaiting Placement	Total	Cost to L.E.A. excluding those awaiting placement	Estimate of cost for those awaiting placement
				£	£
Blind . . . . .	2	1	3	1,355	675
Partially Sighted . . . . .	3	1	4	1,410	475
Deaf . . . . .	7	1	8	4,400	600
Partially Hearing . . . . .	5	—	5	3,110	—
Educationally Sub-normal . .	7	2	9	4,050	1,200
Epileptic . . . .	2	—	2	1,525	—
Delicate/asthmatic . . . .	2	—	2	1,082	—
Physically Handicapped	3	3	6	2,160	2,160
Maladjusted . .	9	5	14	5,299	3,000
Totals . .	40	13	53	£24,391 per annum	£8,110 per annum

### *Employment of Children*

Children undertaking part-time employment have to be medically examined in accordance with bye-laws made under the Children and Young Persons Act, 1933 (as amended by Education Act, 1944).

Children of compulsory school age are allowed to undertake early morning work for up to one hour as well as doing work after school hours.

131 schoolchildren were examined by school medical officers during the year to ensure that no child is employed at work that might be prejudicial to his health or interfere with his education.

The number of schoolchildren seeking part-time employment during the past ten years is shown by the number of medical examinations carried out as follows:—

1956	..	125
1957	..	101
1958	..	147
1959	..	92
1960	..	123
1961	..	157
1962	..	136
1963	..	118
1964	..	126
1965	..	131

### *Other Examinations*

Medical examinations of the following groups were carried out by school medical officers during the year:—

Teachers	43
Training College Candidates	66
Major Award Candidates	—*
Boarded out Children	15

\* As already mentioned in the preface, the examination of Major Award candidates has been discontinued.

### *School Meals Service*

The following particulars relate to the number of children in attendance and the number of meals provided:—

Approximate number of children in receipt of meals.....	6,900
Number of children in receipt of free meals .....	602
Total number of meals supplied .....	1,311,948
Number of free meals supplied .....	73,656

### *Non-Maintained Schools*

#### *Notre Dame Preparatory School*

This School was visited during the autumn of 1965 by a school medical officer who examined 31 children.

#### *Notre Dame High School for Girls*

This school was visited in the Spring of 1965 by a school medical officer who examined 169 children.

### *Child Guidance Service*

I am indebted to Dr. K. Stewart, Consultant Psychiatrist, for the following account of the work undertaken at the Child Guidance Clinic during the year.

Although the number of cases referred during 1965 increased, the total number of psychiatric sessions for County and Borough decreased from 407 in 1964 to 298 in 1965. This was mainly due to Dr. Waters leaving late in 1964. There has been no replacement. Dr. Rogers spends only two sessions per week in Child Psychiatry.

We welcome the appointment of Dr. Brian Phillips to the post of Consultant in Child Psychiatry to this area. He is due to start on 1st March, 1966. Dr. Rogers will withdraw from Child Psychiatry when Dr. Phillips starts.

### *Psychologists*

In 1965 the establishment was for three Educational Psychologists for work in the School Psychological Service and the Child Guidance Clinics. This brought the psychologist time in the Child Guidance Clinics to the equivalent of one whole-time Psychologist. This was not enough. The position will be relatively worse when Dr. Phillips starts.

### *Social Work*

There has been no increase in the number of Social Workers in the Child Guidance Clinics. Mr. Payne continues to do sterling work on his own. At a meeting of the Principal School Medical Officers and the Chief Education Officers of the two Local Authorities with the Child Guidance Staff, a beginning was made in trying to integrate the Social Work of the Child Guidance Clinics and the Joint Social Work Scheme of the County Council and St. Crispin Hospital. A recommendation was made to upgrade the vacant post of Psychiatric Social Worker to Senior Psychiatric Social Worker with a view to increasing gradually the establishment and responsibility in co-ordination with the joint scheme. It is hoped that suitable candidates will be attracted.

### *Statistics*

There has been a change in form of the statistics this year. The number of new cases seen now refers only to new cases seen by a Psychiatrist. There is a proportion of cases not listed as seen by a Psychiatrist that has been dealt with satisfactorily by a Psychologist or Social Worker. There are others who refused to come. Referral does not guarantee co-operation.

Extra clinic work remains the same and is given the same priority. There is still the same difficulty in placing children who need to be away from home.

Number of cases referred during the year .....	85
Number of new cases seen by psychiatrist during year .....	43
Number of new cases waiting to be seen on 31.12.65 .....	40
New cases taken on for treatment during year .....	41
Number of cases under treatment on 31.12.65 .....	78
Total number of attendances during year .....	428
Total number of psychiatric sessions .....	178



## SCHOOL DENTAL SERVICE

*P. W. J. L. Thompson, L.D.S., R.C.S.*

*Principal School Dental Officer*

The year 1965 had been regarded with some trepidation in view of the impending boundary changes and the consequent increase in the number of pupils. These came into effect on 1st April and thanks to the excellent co-operation with our colleagues in the County Dental Service, the 2,000 extra children transferred to our care had been inspected and treated in the preceding twelve months. This meant that we could absorb them into our arrangements without a sudden influx of casualties and emergencies. It was not possible to arrange for any routine school inspections for new schools during the year but it is hoped to make a start during 1966.

A welcome event of note was the appointment of Mr. J. R. Pettman as full-time Consultant Orthodontist to the Northampton and Kettering General Hospitals. Mr. Pettman has undertaken to visit the School Clinic (at present at fortnightly intervals) to give advice and guidance on the treatment planning of orthodontic patients. Patients to be seen by Mr. Pettman will be selected and screened by the School Dental Officers in the normal way, but the advantage will be that patients receive the advice of a dental surgeon of Consultant status, and where necessary advanced or more complicated treatment will be undertaken at the General Hospital.

The statistical returns of the School Dental Service are given in a new simplified form. The reason for patients being divided into age groups is to enable school dental statistics to be compared with those from the General Dental Service. Although the method of recording the statistics has been simplified, it was unfortunate that owing to staff changes three different people were involved in the recording of same, and it is possible that in the first year of operation minor discrepancies have crept in, in spite of careful checking in suspected instances through 500 separate forms.

An encouraging development was the receipt towards the end of the year of three applications from dental surgeons for posts with the Borough. It is to be hoped that this trend will continue as we have been understaffed for many years, and with the inclusion of a further 2,000 children from the County area an extra burden is placed on the dental staff. The first priority now must be new surgeries with associated accommodation so that additional staff may be appointed and inspections and treatment offered to all children at intervals which are more realistic than the present once in three or four years.

Amongst the staff changes were the resignation of Miss Wells, our first Dental Auxiliary in February, and the appointment in September of Miss Brown who has begun to play an important part in the service.

Thanks are due to the staff, past and present, for their co-operation and loyalty.

## DENTAL INSPECTION AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
ATTENDANCES AND TREATMENT				
First visit	1,143	735	120	1,998
Subsequent visits	1,354	1,712	254	3,320
Total visits	2,497	2,447	374	5,318
Additional courses of treatment commenced	146	76	4	226
Fillings in permanent teeth	461	1,318	259	2,038
Fillings in deciduous teeth	942	165	—	1,107
Permanent teeth filled	434	1,162	230	1,826
Deciduous teeth filled	787	85	—	872
Permanent teeth extracted	62	311	85	458
Deciduous teeth extracted	1,111	299	—	1,410
General anaesthetics	356	87	11	454
Emergencies	57	52	13	122
Number of Pupils X-rayed			55	
Prophylaxis			544	
Teeth otherwise conserved			2,101	
Number of teeth root filled			3	
Inlays			1	
Crowns			18	
Courses of treatment completed			1,828	
ORTHODONTICS				
Cases remaining from previous year			21	
New cases commenced during year			70	
Cases completed during year			32	
Cases discontinued during year			14	
No. of removable appliances fitted			51	
No. of fixed appliances fitted			—	
Pupils referred to Hospital Consultant			14	
PROSTHETICS	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	16	1	17
Number of dentures supplied	—	16	1	17
ANAESTHETICS				
General Anaesthetics administered by Dental Officers			Nil	
INSPECTIONS				
(a) First inspection at school. Number of Pupils			3,411	
(b) First inspection at clinic. Number of Pupils			1,388	
Number of (a) + (b) found to require treatment			2,970	
Number of (a) + (b) offered treatment			2,302	
(c) Pupils re-inspected at school clinic			701	
Number of (c) found to require treatment			550	
SESSIONS				
Sessions devoted to treatment			985	
Sessions devoted to inspection			40	
Sessions devoted to Dental Health Education			102	

*MEDICAL INSPECTION RETURNS, 1965*

*MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)*

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (By year of Birth)	No. of pupils who have received a full medical examin- ation	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a medical examin- ation	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For de- fective vision (exclud- ing squint)	For any other condi- tion re- corded at Part 2	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	225	224	1	—	—	3	2
1960	1039	1035	4	—	36	68	96
1959	446	446	—	—	11	35	40
1958	87	87	—	—	5	5	10
1957	707	707	—	—	26	43	58
1956	478	477	1	—	14	43	50
1955	122	121	1	—	2	12	12
1954	29	29	—	—	3	10	11
1953	16	16	—	—	3	2	3
1952	92	92	—	—	3	1	4
1951	762	762	—	—	31	36	50
1950 and earlier	713	713	—	—	32	22	37
Totals	4,716	4,709	7	—	166	280	373

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections .....	1,101
Number of Re-inspections .....	3,057
Total .....	4,158

TABLE C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .....	36,833
(b)	Total number of <i>individual</i> pupils found to be infested .....	231
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	231
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	—

TABLE D.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspections	
		Entrants		Leavers		Others		Total		Requiring	
		Requiring Treat.	Observ.	Requiring Treat.	Observ.	Requiring Treat.	Observ.	Requiring Treat.	Observ.	Treat.	Observ.
4	Skin .....	5	51	2	78	2	56	9	185	257	5
5	Eyes— <i>a.</i> Vision	37	91	42	91	32	88	111	270	422	6
	<i>b.</i> Squint	22	35	2	3	7	18	31	56	6	—
	<i>c.</i> Other...	2	8	10	17	1	11	13	36	60	—
6	Ears— <i>a.</i> Hearing	4	93	8	18	12	36	24	147	74	10
	<i>b.</i> Otitis										
	Media	2	33	—	14	1	6	3	53	6	—
	<i>c.</i> Other...	1	15	3	23	3	15	7	53	1	1
7	Nose & Throat...	19	146	4	46	11	82	34	274	4	6
8	Speech .....	—	54	—	—	2	12	2	66	4	2
9	Lymphatic										
	Glands .....	12	35	—	5	3	33	15	73	—	—
10	Heart .....	1	26	6	33	2	13	9	72	2	5
11	Lungs .....	1	39	5	12	1	18	7	69	8	3
12	Developmental—										
	<i>a.</i> Hernia	1	12	—	—	4	7	5	19	—	—
	<i>b.</i> Other...	1	39	3	9	—	31	4	79	5	—
13	Orthopædic—										
	<i>a.</i> Posture	24	41	5	9	28	53	57	103	—	—
	<i>b.</i> Feet ...	38	73	2	7	19	32	59	112	64	2
	<i>c.</i> Other...	11	22	8	15	1	13	20	50	13	2
14	Nervous System—										
	<i>a.</i> Epilepsy	—	2	—	—	—	—	—	2	2	—
	<i>b.</i> Other ...	—	22	1	8	—	9	1	39	1	—
15	Psychological—										
	<i>a.</i> Development	1	18	—	12	1	20	2	50	—	5
	<i>b.</i> Stability .....	2	40	4	15	2	36	8	91	68	6
16	Abdomen .....	2	4	3	5	2	6	7	15	—	—
17	Other .....	—	12	2	13	1	15	3	38	38	—

*TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING  
NURSERY AND SPECIAL SCHOOLS)*

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	32
Errors of refraction (including squint) .....	713
Total .....	745
Number of pupils for whom spectacles were prescribed .....	386

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis .....	262
(c) for other nose and throat conditions .....	—
Received other forms of treatment .....	—
Total .....	262
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965 .....	12
(b) in previous years .....	9



TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments .....	54
(b) Pupils treated at school for postural defects .....	158
Total .....	212

TABLE D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which *see* Table C. on Page 114)

	Number of cases known to have been treated
Ringworm— (i) Scalp .....	—
(ii) Body .....	2
Scabies .....	5
Impetigo .....	4
Other skin diseases .....	59
Total .....	70

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics .....	43

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists .....	79

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .....	278
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination .....	1629
Total .....	1907

*INCIDENCE OF NOTIFIABLE DISEASES*

Notifiable Disease	Cases amongst Children of School Age
Dysentery .....	20
Erysipelas .....	—
Food Poisoning .....	1
Measles .....	365
Meningococcal Infection .....	1
Pneumonia .....	1
Scarlet Fever .....	41
Whooping Cough .....	11
Tuberculosis—	
Respiratory .....	—
Other Forms .....	—

